

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

1199 SEIU United Healthcare Workers East Federal Political Action Fund

ADDRESS (number and street)

498 Seventh Ave

24th Floor

Check if different  
than previously  
reported. (ACC)

New York

NY

10018

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00348540

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Schaub, Helen, , ,

Signature of Treasurer

Schaub, Helen, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

1199 SEIU United Healthcare Workers East Federal Political Action FundReport Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 07  |   | 01  |   | 2025      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 12  |   | 31  |   | 2025      |

|                                                                                                                  | COLUMN A<br>This Period                     | COLUMN B<br>Calendar Year-to-Date           |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>                                 |                                             | <div><div></div><div>2734298.52</div></div> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <div><div></div><div>2179293.00</div></div> |                                             |
| (c) Total Receipts (from Line 19) .....                                                                          | <div><div></div><div>3509831.38</div></div> | <div><div></div><div>6846537.42</div></div> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <div><div></div><div>5689124.38</div></div> | <div><div></div><div>9580835.94</div></div> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <div><div></div><div>3167096.12</div></div> | <div><div></div><div>7058807.68</div></div> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <div><div></div><div>2522028.26</div></div> | <div><div></div><div>2522028.26</div></div> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div><div></div><div>0.00</div></div>       |                                             |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div><div></div><div>84936.89</div></div>   |                                             |



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2025

To:

M M / D D / Y Y Y Y  
12 31 2025**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

176291.75

178291.75

## (ii) Unitemized .....

3298994.44

6612364.18

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3475286.19

6790655.93

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

0.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

3475286.19

6790655.93

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

34545.19

55881.49

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

3509831.38

6846537.42

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3509831.38

6846537.42

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 25956.71                      | 377725.30                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 25956.71                      | 377725.30                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 3118702.07                    | 6609075.91                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 5753.00                       | 10284.00                          |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 5753.00                       | 10284.00                          |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 16684.34                      | 61722.47                          |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))                                          |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 3167096.12                    | 7058807.68                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3167096.12                    | 7058807.68                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 3475286.19                            | 6790655.93                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 5753.00                               | 10284.00                                  |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 3469533.19                            | 6780371.93                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 25956.71                              | 377725.30                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 25956.71                              | 377725.30                                 |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

The Line 6(b) beginning cash on hand does not match the 2025 Mid-Year Report Line 8 ending cash on hand due to an anticipated amendment to the latter report.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abayev, Edward, , ,**

Mailing Address 14419 77th Ave

City  
FlushingState  
NYZip Code  
11367-3129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882632

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abayev, Edward, , ,**

Mailing Address 14419 77th Ave

City  
FlushingState  
NYZip Code  
11367-3129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882633

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abayev, Edward, , ,**

Mailing Address 14419 77th Ave

City  
FlushingState  
NYZip Code  
11367-3129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882634

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abayev, Edward, , ,**

Mailing Address 14419 77th Ave

City  
FlushingState  
NYZip Code  
11367-3129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875623

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abayev, Edward, , ,**

Mailing Address 14419 77th Ave

City  
FlushingState  
NYZip Code  
11367-3129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875624

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abdul-Mateen, Bryanna, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9882857

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abdul-Mateen, Bryanna, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9882858

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abdul-Mateen, Bryanna, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9882859

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abdul-Mateen, Bryanna, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9882860

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abdul-Mateen, Bryanna, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873667

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abdul-Mateen, Bryanna, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873668

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abeille, Serville, , ,**

Mailing Address 33 Satinwood St

City  
Central IslipState  
NYZip Code  
11722-4739FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880181

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 11 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abeille, Serville, , ,**

Mailing Address 33 Satinwood St

City  
Central Islip

State  
NY

Zip Code  
11722-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

08 / 11 / 2025

Transaction ID : 9880182

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abeille, Serville, , ,**

Mailing Address 33 Satinwood St

City  
Central Islip

State  
NY

Zip Code  
11722-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 10 / 2025

Transaction ID : 9880183

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abeille, Serville, , ,**

Mailing Address 33 Satinwood St

City  
Central Islip

State  
NY

Zip Code  
11722-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

10 / 14 / 2025

Transaction ID : 9880184

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 12 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abeille, Serville, , ,**

Mailing Address 33 Satinwood St

City  
Central Islip

State  
NY

Zip Code  
11722-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 06 / 2025

**Transaction ID : 9874087**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abeille, Serville, , ,**

Mailing Address 33 Satinwood St

City  
Central Islip

State  
NY

Zip Code  
11722-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9874088**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abreu, Giselly, , ,**

Mailing Address 1399 Myrtle Ave  
Apt 6E

City  
Brooklyn

State  
NY

Zip Code  
11237-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights Hospital

Occupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 10 / 2025

**Transaction ID : 9882621**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abreu, Giselly, , ,**Mailing Address 1399 Myrtle Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11237-4664FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9882622

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abreu, Giselly, , ,**Mailing Address 1399 Myrtle Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11237-4664FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9882623

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Abreu, Giselly, , ,**Mailing Address 1399 Myrtle Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11237-4664FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9882624

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Abreu, Giselly, , ,**Mailing Address 1399 Myrtle Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11237-4664FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875769

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Abreu, Giselly, , ,**Mailing Address 1399 Myrtle Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11237-4664FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875770

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Acevedo, Jorge, , ,**Mailing Address 15830 76th Ave  
Apt 1ECity  
FlushingState  
NYZip Code  
11366-1065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879285

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acevedo, Jorge, , ,**Mailing Address 15830 76th Ave  
Apt 1ECity  
FlushingState  
NYZip Code  
11366-1065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879286

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Acevedo, Jorge, , ,**Mailing Address 15830 76th Ave  
Apt 1ECity  
FlushingState  
NYZip Code  
11366-1065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879287

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Acevedo, Jorge, , ,**Mailing Address 15830 76th Ave  
Apt 1ECity  
FlushingState  
NYZip Code  
11366-1065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875138

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acevedo, Jorge, , ,**Mailing Address 15830 76th Ave  
Apt 1ECity  
FlushingState  
NYZip Code  
11366-1065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875139

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Acevedo, Jorge, , ,**Mailing Address 15830 76th Ave  
Apt 1ECity  
FlushingState  
NYZip Code  
11366-1065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875140

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874760

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874761

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874762

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874763

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874765

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874764

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm BeachState  
FLZip Code  
33406-4844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874767

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 19 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Achille, Alcina, , ,**

Mailing Address 4309 Edward Rd

City  
West Palm Beach

State  
FL

Zip Code  
33406-4844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9874766

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Acker, Shakella, , ,**

Mailing Address 3645 Nantucket Island Dr  
Apt 106

City  
Port Orange

State  
FL

Zip Code  
32129-5349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South Daytona

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9880875

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Acker, Shakella, , ,**

Mailing Address 3645 Nantucket Island Dr  
Apt 106

City  
Port Orange

State  
FL

Zip Code  
32129-5349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South Daytona

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

07 / 17 / 2025

Transaction ID : 9880876

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9880874

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880877

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9880873

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2025

Transaction ID : 9880878

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9880880

Amount of Each Receipt this Period

6.00

☐ Memo Item

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

**C. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9880879

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

26.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875757

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Acker, Shakella, , ,**Mailing Address 3645 Nantucket Island Dr  
Apt 106City  
Port OrangeState  
FLZip Code  
32129-5349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at South DaytonaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875758

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Acosta Ramirez, Adrian, , ,**Mailing Address 1580 Metropolitan Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10462-6803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881347

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acosta Ramirez, Adrian, , ,**Mailing Address 1580 Metropolitan Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10462-6803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881348

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Acosta Ramirez, Adrian, , ,**Mailing Address 1580 Metropolitan Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10462-6803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881349

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Acosta Ramirez, Adrian, , ,**Mailing Address 1580 Metropolitan Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10462-6803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881350

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Acosta Ramirez, Adrian, , ,**

Mailing Address 1580 Metropolitan Ave  
Apt 3B

City  
Bronx

State  
NY

Zip Code  
10462-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9876286

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Acosta Ramirez, Adrian, , ,**

Mailing Address 1580 Metropolitan Ave  
Apt 3B

City  
Bronx

State  
NY

Zip Code  
10462-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9876287

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Adams, Michael, , ,**

Mailing Address 315 N Central Ave  
Apt 7A

City  
Valley Stream

State  
NY

Zip Code  
11580-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark America

Occupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 11 / 2025

Transaction ID : 9879933

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Michael, , ,**Mailing Address 315 N Central Ave  
Apt 7ACity  
Valley StreamState  
NYZip Code  
11580-2537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark AmericaOccupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879920

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Michael, , ,**Mailing Address 315 N Central Ave  
Apt 7ACity  
Valley StreamState  
NYZip Code  
11580-2537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark AmericaOccupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879934

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Michael, , ,**Mailing Address 315 N Central Ave  
Apt 7ACity  
Valley StreamState  
NYZip Code  
11580-2537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark AmericaOccupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879921

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 26 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Michael, , ,**

Mailing Address 315 N Central Ave  
Apt 7A

City  
Valley Stream

State  
NY

Zip Code  
11580-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark America

Occupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 12 / 2025

**Transaction ID : 9876640**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Michael, , ,**

Mailing Address 315 N Central Ave  
Apt 7A

City  
Valley Stream

State  
NY

Zip Code  
11580-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark America

Occupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9879922**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Michael, , ,**

Mailing Address 315 N Central Ave  
Apt 7A

City  
Valley Stream

State  
NY

Zip Code  
11580-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark America

Occupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9876641**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Michael, , ,**Mailing Address 315 N Central Ave  
Apt 7ACity  
Valley StreamState  
NYZip Code  
11580-2537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark AmericaOccupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879923

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Michael, , ,**Mailing Address 315 N Central Ave  
Apt 7ACity  
Valley StreamState  
NYZip Code  
11580-2537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark AmericaOccupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9876642

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Michael, , ,**Mailing Address 315 N Central Ave  
Apt 7ACity  
Valley StreamState  
NYZip Code  
11580-2537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark AmericaOccupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879924

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 28 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Michael, , ,**

Mailing Address 315 N Central Ave  
Apt 7A

City  
Valley Stream

State  
NY

Zip Code  
11580-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark America

Occupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9876643

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Michael, , ,**

Mailing Address 315 N Central Ave  
Apt 7A

City  
Valley Stream

State  
NY

Zip Code  
11580-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Propark America

Occupation (for Individual)  
Lead Valet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9879925

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Sydney, , ,**

Mailing Address 742 Forbell St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care Center

Occupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 01 / 2025

Transaction ID : 9878795

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9878773

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9875317

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878774

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875318

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9878775

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875319

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878776

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9878777

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adams, Sydney, , ,**Mailing Address 742 Forbell St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878778

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aderibigbe, Rafiu, , ,**

Mailing Address 517 E 34th St

City  
BrooklynState  
NYZip Code  
11203-5025FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882523

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Aderibigbe, Rafiu, , ,**

Mailing Address 517 E 34th St

City  
BrooklynState  
NYZip Code  
11203-5025FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882524

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Aderibigbe, Rafiu, , ,**

Mailing Address 517 E 34th St

City  
BrooklynState  
NYZip Code  
11203-5025FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882525

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aderibigbe, Rafiu, , ,**

Mailing Address 517 E 34th St

City  
BrooklynState  
NYZip Code  
11203-5025FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882526

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Aderibigbe, Rafiu, , ,**

Mailing Address 517 E 34th St

City  
BrooklynState  
NYZip Code  
11203-5025FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875452

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Aderibigbe, Rafiu, , ,**

Mailing Address 517 E 34th St

City  
BrooklynState  
NYZip Code  
11203-5025FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875453

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9881287

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881292

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9881288

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881293

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9881289

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9881294

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874636

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881290

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874637

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9881291

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874638

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjete, Paul, , ,**Mailing Address 547 E 180th St  
Apt 2DCity  
BronxState  
NYZip Code  
10457-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
CT Tech - Certified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881286

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjetej, Deborah, , ,**Mailing Address 280 Park Hill Ave  
Apt 6NCity  
Staten IslandState  
NYZip Code  
10304-4616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877399

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjetej, Deborah, , ,**Mailing Address 280 Park Hill Ave  
Apt 6NCity  
Staten IslandState  
NYZip Code  
10304-4616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877400

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjetej, Deborah, , ,**Mailing Address 280 Park Hill Ave  
Apt 6NCity  
Staten IslandState  
NYZip Code  
10304-4616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877401

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 39 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjetej, Deborah, , ,**

Mailing Address 280 Park Hill Ave  
Apt 6N

City  
Staten Island

State  
NY

Zip Code  
10304-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9877403**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjetej, Deborah, , ,**

Mailing Address 280 Park Hill Ave  
Apt 6N

City  
Staten Island

State  
NY

Zip Code  
10304-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2025

**Transaction ID : 9877402**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjetej, Deborah, , ,**

Mailing Address 280 Park Hill Ave  
Apt 6N

City  
Staten Island

State  
NY

Zip Code  
10304-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2025

**Transaction ID : 9874952**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjetej, Deborah, , ,**Mailing Address 280 Park Hill Ave  
Apt 6NCity  
Staten IslandState  
NYZip Code  
10304-4616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874951

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adjetej, Deborah, , ,**Mailing Address 280 Park Hill Ave  
Apt 6NCity  
Staten IslandState  
NYZip Code  
10304-4616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874953

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adjetej, Deborah, , ,**Mailing Address 280 Park Hill Ave  
Apt 6NCity  
Staten IslandState  
NYZip Code  
10304-4616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874954

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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



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

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

FOR LINE NUMBER: PAGE 41 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adjetej, Deborah, , ,**

Mailing Address 280 Park Hill Ave  
Apt 6N

City  
Staten Island

State  
NY

Zip Code  
10304-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9874955**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adkins, Lorna, , ,**

Mailing Address 687 Hemlock St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9875721**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Adkins, Lorna, , ,**

Mailing Address 687 Hemlock St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

**Transaction ID : 9878761**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adkins, Lorna, , ,**Mailing Address 687 Hemlock St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875722

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Adkins, Lorna, , ,**Mailing Address 687 Hemlock St  
Apt 1City  
BrooklynState  
NYZip Code  
11208-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875723

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Adlam, Pauline, , ,**

Mailing Address 540 E 22nd St

City  
BrooklynState  
NYZip Code  
11226-7264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Home Care of NYOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879042

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adlam, Pauline, , ,**

Mailing Address 540 E 22nd St

City  
BrooklynState  
NYZip Code  
11226-7264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Home Care of NYOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9874774

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Adlam, Pauline, , ,**

Mailing Address 540 E 22nd St

City  
BrooklynState  
NYZip Code  
11226-7264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Home Care of NYOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2025

Transaction ID : 9879040

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Adlam, Pauline, , ,**

Mailing Address 540 E 22nd St

City  
BrooklynState  
NYZip Code  
11226-7264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Home Care of NYOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9874775

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adlam, Pauline, , ,**

Mailing Address 540 E 22nd St

City  
BrooklynState  
NYZip Code  
11226-7264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Home Care of NYOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879041

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Adlam, Pauline, , ,**

Mailing Address 540 E 22nd St

City  
BrooklynState  
NYZip Code  
11226-7264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Home Care of NYOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874776

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Adubea, Dorcas, , ,**

Mailing Address 2775 E 12th St

City  
BrooklynState  
NYZip Code  
11235-4655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreview Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875943

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Adubea, Dorcas, , ,**

Mailing Address 2775 E 12th St

City  
BrooklynState  
NYZip Code  
11235-4655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreview Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9875944

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Adubea, Dorcas, , ,**

Mailing Address 2775 E 12th St

City  
BrooklynState  
NYZip Code  
11235-4655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreview Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875945

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Adubea, Dorcas, , ,**

Mailing Address 2775 E 12th St

City  
BrooklynState  
NYZip Code  
11235-4655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreview Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875946

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Afram, Matilda, , ,**Mailing Address 472 Gramatan Ave  
Apt B2

City

Mount Vernon

State

NY

Zip Code

10552-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion (RN)

Occupation (for Individual)

REGISTERED NURSE (PC)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878222

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**B. Afram, Matilda, , ,**Mailing Address 472 Gramatan Ave  
Apt B2

City

Mount Vernon

State

NY

Zip Code

10552-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion (RN)

Occupation (for Individual)

REGISTERED NURSE (PC)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878223

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**C. Afram, Matilda, , ,**Mailing Address 472 Gramatan Ave  
Apt B2

City

Mount Vernon

State

NY

Zip Code

10552-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion (RN)

Occupation (for Individual)

REGISTERED NURSE (PC)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9878224

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Afram, Matilda, , ,**Mailing Address 472 Gramatan Ave  
Apt B2City  
Mount VernonState  
NYZip Code  
10552-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9875904

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Afram, Matilda, , ,**Mailing Address 472 Gramatan Ave  
Apt B2City  
Mount VernonState  
NYZip Code  
10552-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878221

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Afram, Matilda, , ,**Mailing Address 472 Gramatan Ave  
Apt B2City  
Mount VernonState  
NYZip Code  
10552-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875905

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Agababa, Avia, , ,**Mailing Address 333 E 209th St  
Apt 20City  
BronxState  
NYZip Code  
10467-3548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Patrick's HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9882500

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Agababa, Avia, , ,**Mailing Address 333 E 209th St  
Apt 20City  
BronxState  
NYZip Code  
10467-3548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Patrick's HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9876413

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Agramonte-Henriquez, Francis, , ,**Mailing Address 1524 Boone Ave  
Apt 3HCity  
BronxState  
NYZip Code  
10460-5694FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876692

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Agramonte-Henriquez, Francis, , ,**Mailing Address 1524 Boone Ave  
Apt 3HCity  
BronxState  
NYZip Code  
10460-5694FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876693

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Aguilera, Herminia, , ,**

Mailing Address 427 W 26th St

City  
New YorkState  
NYZip Code  
10001-5625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876719

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Aguilera, Herminia, , ,**

Mailing Address 427 W 26th St

City  
New YorkState  
NYZip Code  
10001-5625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876720

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

120.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ahmed, Elizabeth, , ,**Mailing Address 234 Elm St  
NullCity  
YonkersState  
NYZip Code  
10701-6173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878280

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ahmed, Elizabeth, , ,**Mailing Address 234 Elm St  
NullCity  
YonkersState  
NYZip Code  
10701-6173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878281

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ahmed, Elizabeth, , ,**Mailing Address 234 Elm St  
NullCity  
YonkersState  
NYZip Code  
10701-6173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878282

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 51 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ahmed, Elizabeth, , ,**

Mailing Address 234 Elm St  
Null

City  
Yonkers

State  
NY

Zip Code  
10701-6173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Clin Lab Technolgst 2-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9874167**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ahmed, Elizabeth, , ,**

Mailing Address 234 Elm St  
Null

City  
Yonkers

State  
NY

Zip Code  
10701-6173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Clin Lab Technolgst 2-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9874168**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
Orlando

State  
FL

Zip Code  
32824-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9882016**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
OrlandoState  
FLZip Code  
32824-6633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882017

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
OrlandoState  
FLZip Code  
32824-6633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882018

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
OrlandoState  
FLZip Code  
32824-6633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9882019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
OrlandoState  
FLZip Code  
32824-6633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882020

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
OrlandoState  
FLZip Code  
32824-6633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875238

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Ahmed, Marya, , ,**

Mailing Address 3252 Preserve Dr

City  
OrlandoState  
FLZip Code  
32824-6633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Phlebotomist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882015

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aho, Marlishia, , ,**

Mailing Address 15 Holborn St

City  
BostonState  
MAZip Code  
02121-1330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Regional Communication Directo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881571

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Aho, Marlishia, , ,**

Mailing Address 15 Holborn St

City  
BostonState  
MAZip Code  
02121-1330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Regional Communication Directo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881572

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Aho, Marlishia, , ,**

Mailing Address 15 Holborn St

City  
BostonState  
MAZip Code  
02121-1330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Regional Communication Directo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881573

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aho, Marlishia, , ,**

Mailing Address 15 Holborn St

City  
Boston

State  
MA

Zip Code  
02121-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Regional Communication Directo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9881574

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Aho, Marlishia, , ,**

Mailing Address 15 Holborn St

City  
Boston

State  
MA

Zip Code  
02121-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Regional Communication Directo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9881575

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Aho, Marlishia, , ,**

Mailing Address 15 Holborn St

City  
Boston

State  
MA

Zip Code  
02121-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Regional Communication Directo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 24 / 2025

Transaction ID : 9876809

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aikens, Yvette, , ,**Mailing Address 1750 Watson Ave  
Apt 5FCity  
BronxState  
NYZip Code  
10472-6601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873569

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Aikens, Yvette, , ,**Mailing Address 1750 Watson Ave  
Apt 5FCity  
BronxState  
NYZip Code  
10472-6601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9873570

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Alalqum, Tammam Wael A, , ,**Mailing Address 328 E 53rd St  
Apt 5City  
New YorkState  
NYZip Code  
10022-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877162

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alalqum, Tammam Wael A, , ,**Mailing Address 328 E 53rd St  
Apt 5City  
New YorkState  
NYZip Code  
10022-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877163

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alalqum, Tammam Wael A, , ,**Mailing Address 328 E 53rd St  
Apt 5City  
New YorkState  
NYZip Code  
10022-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877164

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alalqum, Tammam Wael A, , ,**Mailing Address 328 E 53rd St  
Apt 5City  
New YorkState  
NYZip Code  
10022-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877165

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alalqum, Tammam Wael A, , ,**Mailing Address 328 E 53rd St  
Apt 5City  
New YorkState  
NYZip Code  
10022-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875886

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alalqum, Tammam Wael A, , ,**Mailing Address 328 E 53rd St  
Apt 5City  
New YorkState  
NYZip Code  
10022-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875887

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alando, Nurudeen, , ,**Mailing Address 4516 Seton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10466-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881183

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alando, Nurudeen, , ,**Mailing Address 4516 Seton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10466-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881184

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alando, Nurudeen, , ,**Mailing Address 4516 Seton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10466-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881185

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alando, Nurudeen, , ,**Mailing Address 4516 Seton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10466-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881186

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alando, Nurudeen, , ,**Mailing Address 4516 Seton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10466-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876253

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alando, Nurudeen, , ,**Mailing Address 4516 Seton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10466-1035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876254

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877333

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 61 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten Island

State  
NY

Zip Code  
10301-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2025

Transaction ID : 9877334

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten Island

State  
NY

Zip Code  
10301-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 04 / 2025

Transaction ID : 9877335

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten Island

State  
NY

Zip Code  
10301-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9877336

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9877337

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9875018

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9875019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875020

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875021

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Alba, Mercedes, , ,**

Mailing Address 76 Corson Ave

City  
Staten IslandState  
NYZip Code  
10301-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875022

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alcazar Thompson, Jillian, , ,**Mailing Address 506 Central Ave  
Apt 3RCity  
CedarhurstState  
NYZip Code  
11516-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873884

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Alcazar Thompson, Jillian, , ,**Mailing Address 506 Central Ave  
Apt 3RCity  
CedarhurstState  
NYZip Code  
11516-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873882

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Alcazar Thompson, Jillian, , ,**Mailing Address 506 Central Ave  
Apt 3RCity  
CedarhurstState  
NYZip Code  
11516-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879785

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alcazar Thompson, Jillian, , ,**Mailing Address 506 Central Ave  
Apt 3RCity  
CedarhurstState  
NYZip Code  
11516-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879784

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Alcazar Thompson, Jillian, , ,**Mailing Address 506 Central Ave  
Apt 3RCity  
CedarhurstState  
NYZip Code  
11516-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873883

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Alcazar Thompson, Jillian, , ,**Mailing Address 506 Central Ave  
Apt 3RCity  
CedarhurstState  
NYZip Code  
11516-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879783

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alexandre, Frantzdy, , ,**Mailing Address 3020 Barnes Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10467-8578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877884

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alexandre, Frantzdy, , ,**Mailing Address 3020 Barnes Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10467-8578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877885

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alexandre, Frantzdy, , ,**Mailing Address 3020 Barnes Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10467-8578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877886

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alexandre, Frantzdy, , ,**Mailing Address 3020 Barnes Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10467-8578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877887

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alexandre, Frantzdy, , ,**Mailing Address 3020 Barnes Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10467-8578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877888

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alexandre, Frantzdy, , ,**Mailing Address 3020 Barnes Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10467-8578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876103

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 68 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alexis, Rose, , ,**

Mailing Address 1251 NE 206th St

City  
Miami Gardens

State  
FL

Zip Code  
33179-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9882237

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Alexis, Rose, , ,**

Mailing Address 1251 NE 206th St

City  
Miami Gardens

State  
FL

Zip Code  
33179-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 21 / 2025

Transaction ID : 9882239

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Alexis, Rose, , ,**

Mailing Address 1251 NE 206th St

City  
Miami Gardens

State  
FL

Zip Code  
33179-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

08 / 01 / 2025

Transaction ID : 9882238

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 69 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alexis, Rose, , ,**

Mailing Address 1251 NE 206th St

City  
Miami Gardens

State  
FL

Zip Code  
33179-2016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**09 / 12 / 2025**

**Transaction ID : 9873979**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Alexis, Rose, , ,**

Mailing Address 1251 NE 206th St

City  
Miami Gardens

State  
FL

Zip Code  
33179-2016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**11 / 07 / 2025**

**Transaction ID : 9873981**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Alexis, Rose, , ,**

Mailing Address 1251 NE 206th St

City  
Miami Gardens

State  
FL

Zip Code  
33179-2016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**11 / 21 / 2025**

**Transaction ID : 9873980**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 70 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allen, Amy, , ,**

Mailing Address 144 W 10th St  
Apt 11

City  
New York

State  
NY

Zip Code  
10014-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SURGICAL PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2025

Transaction ID : 9876294

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Allen, Amy, , ,**

Mailing Address 144 W 10th St  
Apt 11

City  
New York

State  
NY

Zip Code  
10014-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SURGICAL PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY  
08 / 15 / 2025

Transaction ID : 9876295

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Allen, Amy, , ,**

Mailing Address 144 W 10th St  
Apt 11

City  
New York

State  
NY

Zip Code  
10014-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SURGICAL PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2025

Transaction ID : 9876296

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allen, Amy, , ,**Mailing Address 144 W 10th St  
Apt 11City  
New YorkState  
NYZip Code  
10014-3106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SURGICAL PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876297

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Allen, Miguel, , ,**Mailing Address 928 E 224th St  
Apt 1RCity  
BronxState  
NYZip Code  
10466-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877846

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

**C. Allen, Miguel, , ,**Mailing Address 928 E 224th St  
Apt 1RCity  
BronxState  
NYZip Code  
10466-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9877847

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

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

136.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allen, Miguel, , ,**Mailing Address 928 E 224th St  
Apt 1RCity  
BronxState  
NYZip Code  
10466-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877848

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

**B. Allen, Miguel, , ,**Mailing Address 928 E 224th St  
Apt 1RCity  
BronxState  
NYZip Code  
10466-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876136

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

**C. Allen, Miguel, , ,**Mailing Address 928 E 224th St  
Apt 1RCity  
BronxState  
NYZip Code  
10466-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876137

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

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

55.38



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allen, Miguel, , ,**Mailing Address 928 E 224th St  
Apt 1RCity  
BronxState  
NYZip Code  
10466-4665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877845

Amount of Each Receipt this Period

27.69

☐ Memo Item

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

**B. Allen, Valerie, , ,**Mailing Address 1967 Marmion Ave  
Apt B55City  
BronxState  
NYZip Code  
10460-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877716

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Allen, Valerie, , ,**Mailing Address 1967 Marmion Ave  
Apt B55City  
BronxState  
NYZip Code  
10460-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877718

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

77.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allen, Valerie, , ,**Mailing Address 1967 Marmion Ave  
Apt B55City  
BronxState  
NYZip Code  
10460-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877719

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Allen, Valerie, , ,**Mailing Address 1967 Marmion Ave  
Apt B55City  
BronxState  
NYZip Code  
10460-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877720

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Allen, Valerie, , ,**Mailing Address 1967 Marmion Ave  
Apt B55City  
BronxState  
NYZip Code  
10460-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875152

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allen, Valerie, , ,**Mailing Address 1967 Marmion Ave  
Apt B55City  
BronxState  
NYZip Code  
10460-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877717

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Allmeta, Aurela, , ,**

Mailing Address 360 Huguenot St

City

New Rochelle

State

NY

Zip Code

10801-7010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878415

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Allmeta, Aurela, , ,**

Mailing Address 360 Huguenot St

City

New Rochelle

State

NY

Zip Code

10801-7010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878416

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allmeta, Aurela, , ,**

Mailing Address 360 Huguenot St

City  
New RochelleState  
NYZip Code  
10801-7010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878417

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Allmeta, Aurela, , ,**

Mailing Address 360 Huguenot St

City  
New RochelleState  
NYZip Code  
10801-7010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878418

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Allmeta, Aurela, , ,**

Mailing Address 360 Huguenot St

City  
New RochelleState  
NYZip Code  
10801-7010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874466

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Allmeta, Aurela, , ,**

Mailing Address 360 Huguenot St

City  
New RochelleState  
NYZip Code  
10801-7010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874467

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Almonte, Tania, , ,**

Mailing Address 95 Wilson Ave

City  
BrooklynState  
NYZip Code  
11237-2253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Central Processing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879226

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Almonte, Tania, , ,**

Mailing Address 95 Wilson Ave

City  
BrooklynState  
NYZip Code  
11237-2253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Central Processing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9879227

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Almonte, Tania, , ,**

Mailing Address 95 Wilson Ave

City  
BrooklynState  
NYZip Code  
11237-2253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Central Processing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879228

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Almonte, Tania, , ,**

Mailing Address 95 Wilson Ave

City  
BrooklynState  
NYZip Code  
11237-2253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Central Processing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873472

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Alonzo, Juan, , ,**Mailing Address 510 W 188th St  
Apt 55City  
New YorkState  
NYZip Code  
10040-4696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legal Aid SocietyOccupation (for Individual)  
Paralegal II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882483

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alonzo, Juan, , ,**Mailing Address 510 W 188th St  
Apt 55City  
New YorkState  
NYZip Code  
10040-4696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legal Aid SocietyOccupation (for Individual)  
Paralegal II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9876499

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alonzo, Juan, , ,**Mailing Address 510 W 188th St  
Apt 55City  
New YorkState  
NYZip Code  
10040-4696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legal Aid SocietyOccupation (for Individual)  
Paralegal II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9876500

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alvarado, Janina, , ,**

Mailing Address 8691 15th Ave

City  
BrooklynState  
NYZip Code  
11228-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island Care CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882594

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarado, Janina, , ,**

Mailing Address 8691 15th Ave

City  
BrooklynState  
NYZip Code  
11228-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island Care CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9882595

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Alvarado, Janina, , ,**

Mailing Address 8691 15th Ave

City  
BrooklynState  
NYZip Code  
11228-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island Care CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9875732

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Alvarado, Janina, , ,**

Mailing Address 8691 15th Ave

City  
BrooklynState  
NYZip Code  
11228-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island Care CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9882593

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

195.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarado, Janina, , ,**

Mailing Address 8691 15th Ave

City  
BrooklynState  
NYZip Code  
11228-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island Care CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875733

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Alvarado, Noris, , ,**

Mailing Address 8752 143rd St

City  
JamaicaState  
NYZip Code  
11435-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879743

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alvarado, Noris, , ,**

Mailing Address 8752 143rd St

City  
JamaicaState  
NYZip Code  
11435-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874270

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarado, Noris, , ,**

Mailing Address 8752 143rd St

City  
JamaicaState  
NYZip Code  
11435-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879741

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Alvarado, Noris, , ,**

Mailing Address 8752 143rd St

City  
JamaicaState  
NYZip Code  
11435-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874271

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alvarado, Noris, , ,**

Mailing Address 8752 143rd St

City  
JamaicaState  
NYZip Code  
11435-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879742

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarez, Alba, , ,**Mailing Address 939 NW 81st St  
Lot 512City  
MiamiState  
FLZip Code  
33150-2700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Treasure Isle Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9881547

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alvarez, Alba, , ,**Mailing Address 939 NW 81st St  
Lot 512City  
MiamiState  
FLZip Code  
33150-2700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Treasure Isle Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9881548

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alvarez, Alba, , ,**Mailing Address 939 NW 81st St  
Lot 512City  
MiamiState  
FLZip Code  
33150-2700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Treasure Isle Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9881549

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarez, Alba, , ,**Mailing Address 939 NW 81st St  
Lot 512City  
MiamiState  
FLZip Code  
33150-2700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Treasure Isle Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875598

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Alvarez, Alba, , ,**Mailing Address 939 NW 81st St  
Lot 512City  
MiamiState  
FLZip Code  
33150-2700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Treasure Isle Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875599

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Alvarez, Alba, , ,**Mailing Address 939 NW 81st St  
Lot 512City  
MiamiState  
FLZip Code  
33150-2700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Treasure Isle Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9881546

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 85 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Alvarez, Caridad, , ,

Mailing Address 12740 SW 61st Ter

City  
MiamiState  
FLZip Code  
33183-1329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882240

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Alvarez, Caridad, , ,

Mailing Address 12740 SW 61st Ter

City  
MiamiState  
FLZip Code  
33183-1329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882241

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Alvarez, Caridad, , ,

Mailing Address 12740 SW 61st Ter

City  
MiamiState  
FLZip Code  
33183-1329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9882242

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 86 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarez, Caridad, , ,**

Mailing Address 12740 SW 61st Ter

City  
Miami

State  
FL

Zip Code  
33183-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9882243

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Alvarez, Caridad, , ,**

Mailing Address 12740 SW 61st Ter

City  
Miami

State  
FL

Zip Code  
33183-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9882244

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Alvarez, Caridad, , ,**

Mailing Address 12740 SW 61st Ter

City  
Miami

State  
FL

Zip Code  
33183-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9875112

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Alvarez, Caridad, , ,**

Mailing Address 12740 SW 61st Ter

City  
MiamiState  
FLZip Code  
33183-1329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875111

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Amazan, Jean-Raymond, , ,**

Mailing Address 156 Seaman Ave

City  
North BaldwinState  
NYZip Code  
11510-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879777

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Amazan, Jean-Raymond, , ,**

Mailing Address 156 Seaman Ave

City  
North BaldwinState  
NYZip Code  
11510-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879778

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Amazan, Jean-Raymond, , ,**

Mailing Address 156 Seaman Ave

City  
North BaldwinState  
NYZip Code  
11510-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879779

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Amazan, Jean-Raymond, , ,**

Mailing Address 156 Seaman Ave

City  
North BaldwinState  
NYZip Code  
11510-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9874313

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Amazan, Jean-Raymond, , ,**

Mailing Address 156 Seaman Ave

City  
North BaldwinState  
NYZip Code  
11510-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874314

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Amazan, Jean-Raymond, , ,**

Mailing Address 156 Seaman Ave

City  
North BaldwinState  
NYZip Code  
11510-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874315

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9873908

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876182

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876183

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876184

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876185

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876186

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873909

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. Ampofo, Prince, , ,**Mailing Address 595 Mclean Ave  
Apt 19City  
YonkersState  
NYZip Code  
10705-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876187

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

65.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Anderson, Judge, , ,**Mailing Address 2093 Webster Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10457-2436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
DIET WORKER-WAKEFIELD U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877623

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Anderson, Judge, , ,**Mailing Address 2093 Webster Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10457-2436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
DIET WORKER-WAKEFIELD U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877624

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Anderson, Judge, , ,**Mailing Address 2093 Webster Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10457-2436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
DIET WORKER-WAKEFIELD U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877625

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Anderson, Judge, , ,**Mailing Address 2093 Webster Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10457-2436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
DIET WORKER-WAKEFIELD U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877626

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Anderson, Judge, , ,**Mailing Address 2093 Webster Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10457-2436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
DIET WORKER-WAKEFIELD U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875407

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Anderson, Judge, , ,**Mailing Address 2093 Webster Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10457-2436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
DIET WORKER-WAKEFIELD U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875408

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Anderson-Williams, Majella, , ,**Mailing Address 118 Bristol St  
FI 2City  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878838

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Anderson-Williams, Majella, , ,**Mailing Address 118 Bristol St  
FI 2City  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9878839

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Anderson-Williams, Majella, , ,**Mailing Address 118 Bristol St  
FI 2City  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878837

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Anderson-Williams, Majella, , ,**Mailing Address 118 Bristol St  
Fl 2City  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873689

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Andino, Manuel, , ,**Mailing Address 1901 NW North River Dr  
Apt A316City  
MiamiState  
FLZip Code  
33125-2259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875069

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Andino, Manuel, , ,**Mailing Address 1901 NW North River Dr  
Apt A316City  
MiamiState  
FLZip Code  
33125-2259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875070

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Andino, Manuel, , ,**Mailing Address 1901 NW North River Dr  
Apt A316City  
MiamiState  
FLZip Code  
33125-2259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875068

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Andino, Manuel, , ,**Mailing Address 1901 NW North River Dr  
Apt A316City  
MiamiState  
FLZip Code  
33125-2259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875071

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Ansong, Gabriel, , ,**Mailing Address 20 W Mosholu Pkwy S  
Apt 34LCity  
BronxState  
NYZip Code  
10468-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877930

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

120.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ansong, Gabriel, , ,**Mailing Address 20 W Mosholu Pkwy S  
Apt 34LCity  
BronxState  
NYZip Code  
10468-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9877931

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ansong, Gabriel, , ,**Mailing Address 20 W Mosholu Pkwy S  
Apt 34LCity  
BronxState  
NYZip Code  
10468-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9877932

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ansong, Gabriel, , ,**Mailing Address 20 W Mosholu Pkwy S  
Apt 34LCity  
BronxState  
NYZip Code  
10468-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9876394

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ansong, Gabriel, , ,**Mailing Address 20 W Mosholu Pkwy S  
Apt 34LCity  
BronxState  
NYZip Code  
10468-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9877929

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Ansong, Gabriel, , ,**Mailing Address 20 W Mosholu Pkwy S  
Apt 34LCity  
BronxState  
NYZip Code  
10468-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876395

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Antoine, Marie, , ,**Mailing Address 3602 Avenue J  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-4319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875684

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Antoine, Marie, , ,**Mailing Address 3602 Avenue J  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-4319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9878812

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Antoine, Marie, , ,**Mailing Address 3602 Avenue J  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-4319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875686

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Antoine, Marie, , ,**Mailing Address 3602 Avenue J  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-4319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875685

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apau, Kingsley, , ,**

Mailing Address 2440 Hunter Ave

City  
BronxState  
NYZip Code  
10475-5646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878106

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Apau, Kingsley, , ,**

Mailing Address 2440 Hunter Ave

City  
BronxState  
NYZip Code  
10475-5646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878107

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Apau, Kingsley, , ,**

Mailing Address 2440 Hunter Ave

City  
BronxState  
NYZip Code  
10475-5646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878108

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apau, Kingsley, , ,**

Mailing Address 2440 Hunter Ave

City  
BronxState  
NYZip Code  
10475-5646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878109

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Apau, Kingsley, , ,**

Mailing Address 2440 Hunter Ave

City  
BronxState  
NYZip Code  
10475-5646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878110

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Apau, Kingsley, , ,**

Mailing Address 2440 Hunter Ave

City  
BronxState  
NYZip Code  
10475-5646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876093

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Appiah, Melissa, , ,**Mailing Address 1717 Melville St  
Apt 16City  
BronxState  
NYZip Code  
10460-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880927

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Appiah, Melissa, , ,**Mailing Address 1717 Melville St  
Apt 16City  
BronxState  
NYZip Code  
10460-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880928

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Appiah, Melissa, , ,**Mailing Address 1717 Melville St  
Apt 16City  
BronxState  
NYZip Code  
10460-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880929

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Appiah, Melissa, , ,**Mailing Address 1717 Melville St  
Apt 16City  
BronxState  
NYZip Code  
10460-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880930

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Appiah, Melissa, , ,**Mailing Address 1717 Melville St  
Apt 16City  
BronxState  
NYZip Code  
10460-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876153

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Appiah, Melissa, , ,**Mailing Address 1717 Melville St  
Apt 16City  
BronxState  
NYZip Code  
10460-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876154

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878149

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878146

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878150

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00



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

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

FOR LINE NUMBER: PAGE 105 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
Mahopac

State  
NY

Zip Code  
10541-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 08 / 2025

**Transaction ID : 9874171**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
Mahopac

State  
NY

Zip Code  
10541-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 22 / 2025

**Transaction ID : 9878147**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
Mahopac

State  
NY

Zip Code  
10541-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 27 / 2025

**Transaction ID : 9878151**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9874349

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874443

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874350

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 107 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
Mahopac

State  
NY

Zip Code  
10541-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : 9874444**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
Mahopac

State  
NY

Zip Code  
10541-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9878148**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
Mahopac

State  
NY

Zip Code  
10541-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9874351**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Apun, Catherine, , ,**

Mailing Address 27 Jackson Rd

City  
MahopacState  
NYZip Code  
10541-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874445

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Aquino Moran, Stephanie, , ,**Mailing Address 2593 Grand Concourse  
Apt 22City  
BronxState  
NYZip Code  
10468-4409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881260

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

**C. Aquino Moran, Stephanie, , ,**Mailing Address 2593 Grand Concourse  
Apt 22City  
BronxState  
NYZip Code  
10468-4409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881261

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

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

44.00

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

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

FOR LINE NUMBER: PAGE 109 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aquino Moran, Stephanie, , ,**

Mailing Address 2593 Grand Concourse  
Apt 22

City  
Bronx

State  
NY

Zip Code  
10468-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

08 / 22 / 2025

Transaction ID : 9881262

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

**B. Aquino Moran, Stephanie, , ,**

Mailing Address 2593 Grand Concourse  
Apt 22

City  
Bronx

State  
NY

Zip Code  
10468-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

10 / 10 / 2025

Transaction ID : 9881263

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

**C. Aquino Moran, Stephanie, , ,**

Mailing Address 2593 Grand Concourse  
Apt 22

City  
Bronx

State  
NY

Zip Code  
10468-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9876280

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

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

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Aquino Moran, Stephanie, , ,**Mailing Address 2593 Grand Concourse  
Apt 22City  
BronxState  
NYZip Code  
10468-4409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881259

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

**B. Archili, Loraine, , ,**Mailing Address 3026 Cruger Ave  
NullCity  
BronxState  
NYZip Code  
10467-8211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877866

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Archili, Loraine, , ,**Mailing Address 3026 Cruger Ave  
NullCity  
BronxState  
NYZip Code  
10467-8211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877895

Amount of Each Receipt this Period

9.20

☐ Memo Item

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

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

36.20

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

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

FOR LINE NUMBER: PAGE 111 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Archili, Loraine, , ,**

Mailing Address 3026 Cruger Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10467-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

08 / 13 / 2025

**Transaction ID : 9876104**

Amount of Each Receipt this Period

9.20

☐ Memo Item

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

**B. Archili, Loraine, , ,**

Mailing Address 3026 Cruger Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10467-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9877867**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Archili, Loraine, , ,**

Mailing Address 3026 Cruger Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10467-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.60

Date of Receipt

08 / 22 / 2025

**Transaction ID : 9877868**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

29.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Archili, Loraine, , ,**Mailing Address 3026 Cruger Ave  
NullCity  
BronxState  
NYZip Code  
10467-8211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876105

Amount of Each Receipt this Period

9.20

☐ Memo Item

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

**B. Archili, Loraine, , ,**Mailing Address 3026 Cruger Ave  
NullCity  
BronxState  
NYZip Code  
10467-8211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876106

Amount of Each Receipt this Period

9.20

☐ Memo Item

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

**C. Archili, Loraine, , ,**Mailing Address 3026 Cruger Ave  
NullCity  
BronxState  
NYZip Code  
10467-8211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877869

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

28.40

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



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

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

FOR LINE NUMBER: PAGE 113 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Archili, Loraine, , ,**

Mailing Address 3026 Cruger Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10467-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9876107**

Amount of Each Receipt this Period

9.20

☐ Memo Item

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

**B. Archili, Loraine, , ,**

Mailing Address 3026 Cruger Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10467-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : 9877870**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Archili, Loraine, , ,**

Mailing Address 3026 Cruger Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10467-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9877894**

Amount of Each Receipt this Period

13.80

☐ Memo Item

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

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

33.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Archili, Loraine, , ,**Mailing Address 3026 Cruger Ave  
NullCity  
BronxState  
NYZip Code  
10467-8211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877871

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Ariza, Melissa, , ,**

Mailing Address 11 Fairview Ave

City  
NanuetState  
NYZip Code  
10954-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878503

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ariza, Melissa, , ,**

Mailing Address 11 Fairview Ave

City  
NanuetState  
NYZip Code  
10954-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878502

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ariza, Melissa, , ,**

Mailing Address 11 Fairview Ave

City  
NanuetState  
NYZip Code  
10954-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878504

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ariza, Melissa, , ,**

Mailing Address 11 Fairview Ave

City  
NanuetState  
NYZip Code  
10954-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9878505

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ariza, Melissa, , ,**

Mailing Address 11 Fairview Ave

City  
NanuetState  
NYZip Code  
10954-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878506

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ariza, Melissa, , ,**

Mailing Address 11 Fairview Ave

City  
NanuetState  
NYZip Code  
10954-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875084

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Armas, Andreina, , ,**Mailing Address 6260 99th St  
Apt 1026

City

Rego Park

State  
NYZip Code  
11374-6029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9879320

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Armas, Andreina, , ,**Mailing Address 6260 99th St  
Apt 1026

City

Rego Park

State  
NYZip Code  
11374-6029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9879321

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armas, Andreina, , ,**Mailing Address 6260 99th St  
Apt 1026City  
Rego ParkState  
NYZip Code  
11374-6029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879322

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Armas, Andreina, , ,**Mailing Address 6260 99th St  
Apt 1026City  
Rego ParkState  
NYZip Code  
11374-6029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9879323

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Armas, Andreina, , ,**Mailing Address 6260 99th St  
Apt 1026City  
Rego ParkState  
NYZip Code  
11374-6029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875834

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armas, Andreina, , ,**Mailing Address 6260 99th St  
Apt 1026City  
Rego ParkState  
NYZip Code  
11374-6029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875835

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Armer, Chase, , ,**Mailing Address 333 W 57th St  
Apt 205City  
New YorkState  
NYZip Code  
10019-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Graduate Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877152

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Armer, Chase, , ,**Mailing Address 333 W 57th St  
Apt 205City  
New YorkState  
NYZip Code  
10019-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Graduate Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877153

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armer, Chase, , ,**Mailing Address 333 W 57th St  
Apt 205City  
New YorkState  
NYZip Code  
10019-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Graduate Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877154

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Armer, Chase, , ,**Mailing Address 333 W 57th St  
Apt 205City  
New YorkState  
NYZip Code  
10019-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Graduate Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877155

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Armer, Chase, , ,**Mailing Address 333 W 57th St  
Apt 205City  
New YorkState  
NYZip Code  
10019-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Graduate Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875894

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armer, Chase, , ,**Mailing Address 333 W 57th St  
Apt 205City  
New YorkState  
NYZip Code  
10019-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Graduate Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875896

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Armstrong, Tasia, , ,**

Mailing Address 2832 W 3RD STREET 10A

City  
BrooklynState  
NYZip Code  
11224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875206

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Armstrong, Tasia, , ,**

Mailing Address 2832 W 3RD STREET 10A

City  
BrooklynState  
NYZip Code  
11224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9875207

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

40.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armstrong, Tasia, , ,**

Mailing Address 2832 W 3RD STREET 10A

City  
BrooklynState  
NYZip Code  
11224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875208

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Armstrong, Tasia, , ,**

Mailing Address 2832 W 3RD STREET 10A

City  
BrooklynState  
NYZip Code  
11224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875209

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Armstrong, Yvonne, , ,**Mailing Address 40 Fleetwood Ave  
Apt 4ACity  
Mount VernonState  
NYZip Code  
10552-2856FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880797

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armstrong, Yvonne, , ,**Mailing Address 40 Fleetwood Ave  
Apt 4A

City

Mount Vernon

State

NY

Zip Code

10552-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880798

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Armstrong, Yvonne, , ,**Mailing Address 40 Fleetwood Ave  
Apt 4A

City

Mount Vernon

State

NY

Zip Code

10552-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880799

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Armstrong, Yvonne, , ,**Mailing Address 40 Fleetwood Ave  
Apt 4A

City

Mount Vernon

State

NY

Zip Code

10552-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880800

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Armstrong, Yvonne, , ,**Mailing Address 40 Fleetwood Ave  
Apt 4A

City

Mount Vernon

State

NY

Zip Code

10552-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9880801

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**B. Armstrong, Yvonne, , ,**Mailing Address 40 Fleetwood Ave  
Apt 4A

City

Mount Vernon

State

NY

Zip Code

10552-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876767

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**C. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
Null

City

Valley Stream

State

NY

Zip Code

11580-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PAGNY - Correctional Health Svcs.

Occupation (for Individual)

Patient Care Associate

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879931

Amount of Each Receipt this Period

10.00

☐

Memo Item

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 124 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arnold Taylor, Karen, , ,**

Mailing Address 173 E Saint Marks Pl  
Null

City  
Valley Stream

State  
NY

Zip Code  
11580-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9879926**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Arnold Taylor, Karen, , ,**

Mailing Address 173 E Saint Marks Pl  
Null

City  
Valley Stream

State  
NY

Zip Code  
11580-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

**Transaction ID : 9879927**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Arnold Taylor, Karen, , ,**

Mailing Address 173 E Saint Marks Pl  
Null

City  
Valley Stream

State  
NY

Zip Code  
11580-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

**Transaction ID : 9879932**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
NullCity  
Valley StreamState  
NYZip Code  
11580-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879928

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
NullCity  
Valley StreamState  
NYZip Code  
11580-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9874318

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
NullCity  
Valley StreamState  
NYZip Code  
11580-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9879929

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
NullCity  
Valley StreamState  
NYZip Code  
11580-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874319

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
NullCity  
Valley StreamState  
NYZip Code  
11580-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879930

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Arnold Taylor, Karen, , ,**Mailing Address 173 E Saint Marks Pl  
NullCity  
Valley StreamState  
NYZip Code  
11580-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874320

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arrendell-Johnson, Jane, , ,**Mailing Address 626 Riverside Dr  
Apt 5LCity  
New YorkState  
NYZip Code  
10031-7208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Quality Control Reviewer I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881434

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Arrendell-Johnson, Jane, , ,**Mailing Address 626 Riverside Dr  
Apt 5LCity  
New YorkState  
NYZip Code  
10031-7208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Quality Control Reviewer I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9881436

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Arrendell-Johnson, Jane, , ,**Mailing Address 626 Riverside Dr  
Apt 5LCity  
New YorkState  
NYZip Code  
10031-7208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Quality Control Reviewer I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9881435

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arrendell-Johnson, Jane, , ,**Mailing Address 626 Riverside Dr  
Apt 5LCity  
New YorkState  
NYZip Code  
10031-7208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Quality Control Reviewer I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881437

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Arrendell-Johnson, Jane, , ,**Mailing Address 626 Riverside Dr  
Apt 5LCity  
New YorkState  
NYZip Code  
10031-7208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Quality Control Reviewer I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875519

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Arzu, Edward, , ,**Mailing Address 1943 Gleason Ave  
Apt 3RCity  
BronxState  
NYZip Code  
10472-5160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
INVENTORY CONTROL CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878030

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arzu, Edward, , ,**Mailing Address 1943 Gleason Ave  
Apt 3RCity  
BronxState  
NYZip Code  
10472-5160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
INVENTORY CONTROL CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9878031

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Arzu, Edward, , ,**Mailing Address 1943 Gleason Ave  
Apt 3RCity  
BronxState  
NYZip Code  
10472-5160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
INVENTORY CONTROL CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9878032

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Arzu, Edward, , ,**Mailing Address 1943 Gleason Ave  
Apt 3RCity  
BronxState  
NYZip Code  
10472-5160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
INVENTORY CONTROL CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878034

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arzu, Edward, , ,**Mailing Address 1943 Gleason Ave  
Apt 3RCity  
BronxState  
NYZip Code  
10472-5160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
INVENTORY CONTROL CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874715

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Arzu, Edward, , ,**Mailing Address 1943 Gleason Ave  
Apt 3RCity  
BronxState  
NYZip Code  
10472-5160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
INVENTORY CONTROL CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878029

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Arzu, Shanny, , ,**

Mailing Address 304 E 156th St

City  
BronxState  
NYZip Code  
10451-4851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waxer - Stripper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877520

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 131 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arzu, Shanny, , ,**

Mailing Address 304 E 156th St

City  
Bronx

State  
NY

Zip Code  
10451-4851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Waxer - Stripper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 19 / 2025

**Transaction ID : 9877521**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Arzu, Shanny, , ,**

Mailing Address 304 E 156th St

City  
Bronx

State  
NY

Zip Code  
10451-4851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Waxer - Stripper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 18 / 2025

**Transaction ID : 9877522**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Arzu, Shanny, , ,**

Mailing Address 304 E 156th St

City  
Bronx

State  
NY

Zip Code  
10451-4851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Waxer - Stripper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 10 / 2025

**Transaction ID : 9877523**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Arzu, Shanny, , ,**

Mailing Address 304 E 156th St

City  
BronxState  
NYZip Code  
10451-4851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waxer - Stripper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874740

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Arzu, Shanny, , ,**

Mailing Address 304 E 156th St

City  
BronxState  
NYZip Code  
10451-4851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waxer - Stripper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877519

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ashley, Evan, , ,**

Mailing Address 12 Gates Ave

City  
MontaukState  
NYZip Code  
11954-5236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Critical Care Paramedic-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880332

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ashley, Evan, , ,**

Mailing Address 12 Gates Ave

City  
MontaukState  
NYZip Code  
11954-5236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Critical Care Paramedic-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9880333

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ashley, Evan, , ,**

Mailing Address 12 Gates Ave

City  
MontaukState  
NYZip Code  
11954-5236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Critical Care Paramedic-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880334

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Ashley, Evan, , ,**

Mailing Address 12 Gates Ave

City  
MontaukState  
NYZip Code  
11954-5236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Critical Care Paramedic-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9880335

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Ashley, Evan, , ,**

Mailing Address 12 Gates Ave

City  
MontaukState  
NYZip Code  
11954-5236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Critical Care Paramedic-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876543

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ashley, Evan, , ,**

Mailing Address 12 Gates Ave

City  
MontaukState  
NYZip Code  
11954-5236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Critical Care Paramedic-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876544

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Asiedu, Samuel, , ,**Mailing Address 1417 Vyse Ave  
Apt 16City  
BronxState  
NYZip Code  
10459-3292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880923

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Asiedu, Samuel, , ,**Mailing Address 1417 Vyse Ave  
Apt 16City  
BronxState  
NYZip Code  
10459-3292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880924

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Asiedu, Samuel, , ,**Mailing Address 1417 Vyse Ave  
Apt 16City  
BronxState  
NYZip Code  
10459-3292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880925

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Asiedu, Samuel, , ,**Mailing Address 1417 Vyse Ave  
Apt 16City  
BronxState  
NYZip Code  
10459-3292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880926

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 136 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Asiedu, Samuel, , ,**

Mailing Address 1417 Vyse Ave  
Apt 16

City  
Bronx

State  
NY

Zip Code  
10459-3292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : 9876151**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Asiedu, Samuel, , ,**

Mailing Address 1417 Vyse Ave  
Apt 16

City  
Bronx

State  
NY

Zip Code  
10459-3292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876152**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Atkinson, Jeannet, , ,**

Mailing Address 955 Walton Ave  
Apt 2E

City  
Bronx

State  
NY

Zip Code  
10452-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882488**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Atkinson, Jeannet, , ,**Mailing Address 955 Walton Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10452-9538FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882489

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Atkinson, Jeannet, , ,**Mailing Address 955 Walton Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10452-9538FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882490

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Atkinson, Jeannet, , ,**Mailing Address 955 Walton Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10452-9538FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882491

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 138 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Atkinson, Jeannet, , ,**

Mailing Address 955 Walton Ave  
Apt 2E

City  
Bronx

State  
NY

Zip Code  
10452-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9875500**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Atkinson, Jeannet, , ,**

Mailing Address 955 Walton Ave  
Apt 2E

City  
Bronx

State  
NY

Zip Code  
10452-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9875501**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Auguste Masse, Caelle, , ,**

Mailing Address 17290 Highland Ave  
Apt 1S

City  
Jamaica

State  
NY

Zip Code  
11432-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

**Transaction ID : 9875774**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Auguste Masse, Caelle, , ,**Mailing Address 17290 Highland Ave  
Apt 1SCity  
JamaicaState  
NYZip Code  
11432-2830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9875775

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Auguste Masse, Caelle, , ,**Mailing Address 17290 Highland Ave  
Apt 1SCity  
JamaicaState  
NYZip Code  
11432-2830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9875776

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Auguste Masse, Caelle, , ,**Mailing Address 17290 Highland Ave  
Apt 1SCity  
JamaicaState  
NYZip Code  
11432-2830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875777

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

120.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Auguste Masse, Caelle, , ,**Mailing Address 17290 Highland Ave  
Apt 1SCity  
JamaicaState  
NYZip Code  
11432-2830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875778

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Auguste Masse, Caelle, , ,**Mailing Address 17290 Highland Ave  
Apt 1SCity  
JamaicaState  
NYZip Code  
11432-2830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875779

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Auguste, Gur, , ,**Mailing Address 9121 196th St  
Hollis APTB2City  
HollisState  
NYZip Code  
11423-2648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873836

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Auguste, Gur, , ,**Mailing Address 9121 196th St  
Hollis APTB2City  
HollisState  
NYZip Code  
11423-2648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873835

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Augustin, Cyndie, , ,**

Mailing Address 3921 SW 58th Ave

City  
West ParkState  
FLZip Code  
33023-6136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882061

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Augustin, Cyndie, , ,**

Mailing Address 3921 SW 58th Ave

City  
West ParkState  
FLZip Code  
33023-6136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882062

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Augustin, Cyndie, , ,

Mailing Address 3921 SW 58th Ave

City  
West ParkState  
FLZip Code  
33023-6136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875262

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Augustin, Cyndie, , ,

Mailing Address 3921 SW 58th Ave

City  
West ParkState  
FLZip Code  
33023-6136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882060

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Augustin, Esther, , ,

Mailing Address 712 Crown St  
Apt E22City  
BrooklynState  
NYZip Code  
11213-5439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9875064

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Augustin, Esther, , ,**Mailing Address 712 Crown St  
Apt E22City  
BrooklynState  
NYZip Code  
11213-5439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9875065

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Augustin, Esther, , ,**Mailing Address 712 Crown St  
Apt E22City  
BrooklynState  
NYZip Code  
11213-5439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9875067

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Augustin, Esther, , ,**Mailing Address 712 Crown St  
Apt E22City  
BrooklynState  
NYZip Code  
11213-5439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9875066

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Augustin, Esther, , ,

Mailing Address 712 Crown St  
Apt E22City  
BrooklynState  
NYZip Code  
11213-5439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 06    | / | 2025        |

Transaction ID : 9875063

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

B. Augustin, Kianna, , ,

Mailing Address 68 Portland Pl

City  
Staten IslandState  
NYZip Code  
10301-2807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 14    | / | 2025        |

Transaction ID : 9877320

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Augustin, Kianna, , ,

Mailing Address 68 Portland Pl

City  
Staten IslandState  
NYZip Code  
10301-2807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 18    | / | 2025        |

Transaction ID : 9877321

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

77.50



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Augustin, Kianna, , ,**

Mailing Address 68 Portland Pl

City  
Staten IslandState  
NYZip Code  
10301-2807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877322

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Augustin, Kianna, , ,**

Mailing Address 68 Portland Pl

City  
Staten IslandState  
NYZip Code  
10301-2807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877323

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Augustin, Kianna, , ,**

Mailing Address 68 Portland Pl

City  
Staten IslandState  
NYZip Code  
10301-2807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873637

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Augustin, Kianna, , ,**

Mailing Address 68 Portland Pl

City  
Staten IslandState  
NYZip Code  
10301-2807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873638

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Augustine, Kaelin, , ,**

Mailing Address 271 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877351

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Augustine, Kaelin, , ,**

Mailing Address 271 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877352

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Augustine, Kaelin, , ,**

Mailing Address 271 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877353

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Augustine, Kaelin, , ,**

Mailing Address 271 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877354

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Augustine, Kaelin, , ,**

Mailing Address 271 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873599

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Augustine, Kaelin, , ,**

Mailing Address 271 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873600

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Austin, Joyce, , ,**Mailing Address 1498 E 91st St  
NullCity  
BrooklynState  
NYZip Code  
11236-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882618

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Austin, Joyce, , ,**Mailing Address 1498 E 91st St  
NullCity  
BrooklynState  
NYZip Code  
11236-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9882616

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 149 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Austin, Joyce, , ,**

Mailing Address 1498 E 91st St

Null

City

Brooklyn

State

NY

Zip Code

11236-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2025

**Transaction ID : 9882619**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Austin, Joyce, , ,**

Mailing Address 1498 E 91st St

Null

City

Brooklyn

State

NY

Zip Code

11236-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2025

**Transaction ID : 9882620**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Austin, Joyce, , ,**

Mailing Address 1498 E 91st St

Null

City

Brooklyn

State

NY

Zip Code

11236-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9873927**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Austin, Joyce, , ,**Mailing Address 1498 E 91st St  
NullCity  
BrooklynState  
NYZip Code  
11236-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882617

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Avila, Frances, , ,**Mailing Address 7301 4th Ave  
Apt C7City  
BrooklynState  
NYZip Code  
11209-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Histology Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9878808

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Avila, Frances, , ,**Mailing Address 7301 4th Ave  
Apt C7City  
BrooklynState  
NYZip Code  
11209-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Histology Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878809

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Avila, Frances, , ,**Mailing Address 7301 4th Ave  
Apt C7City  
BrooklynState  
NYZip Code  
11209-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Histology Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9878810

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Avila, Frances, , ,**Mailing Address 7301 4th Ave  
Apt C7City  
BrooklynState  
NYZip Code  
11209-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Histology Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878811

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Avila, Frances, , ,**Mailing Address 7301 4th Ave  
Apt C7City  
BrooklynState  
NYZip Code  
11209-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Histology Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873640

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Avila, Frances, , ,**Mailing Address 7301 4th Ave  
Apt C7City  
BrooklynState  
NYZip Code  
11209-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Histology Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873641

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Avila-Burrell, Sharett, , ,**

Mailing Address 22 31 BROOKHAVEN Ave

City

Far Rockaway

State

NY

Zip Code

11691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9874073

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Avila-Burrell, Sharett, , ,**

Mailing Address 22 31 BROOKHAVEN Ave

City

Far Rockaway

State

NY

Zip Code

11691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9874074

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00



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

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

FOR LINE NUMBER: PAGE 153 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

**A. Avila-Burrell, Sharett, , ,**

Mailing Address 22 31 BROOKHAVEN Ave

City

Far Rockaway

State

NY

Zip Code

11691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rockaway Home Attendant Service Inc.

Occupation (for Individual)

Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9880054

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Avila-Burrell, Sharett, , ,**

Mailing Address 22 31 BROOKHAVEN Ave

City

Far Rockaway

State

NY

Zip Code

11691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rockaway Home Attendant Service Inc.

Occupation (for Individual)

Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 04 / 2025

Transaction ID : 9874075

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Aviles, Shayenne, , ,**

Mailing Address 1237 E 53rd St  
Apt 2

City

Brooklyn

State

NY

Zip Code

11234-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9881024

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aviles, Shayenne, , ,**Mailing Address 1237 E 53rd St  
Apt 2City  
BrooklynState  
NYZip Code  
11234-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9881025

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Aviles, Shayenne, , ,**Mailing Address 1237 E 53rd St  
Apt 2City  
BrooklynState  
NYZip Code  
11234-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9881026

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Aviles, Shayenne, , ,**Mailing Address 1237 E 53rd St  
Apt 2City  
BrooklynState  
NYZip Code  
11234-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9876380

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aviles, Shayenne, , ,**Mailing Address 1237 E 53rd St  
Apt 2City  
BrooklynState  
NYZip Code  
11234-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9881023

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Aviles, Shayenne, , ,**Mailing Address 1237 E 53rd St  
Apt 2City  
BrooklynState  
NYZip Code  
11234-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ayers, Shvonne, , ,**Mailing Address 134 Innis Ave  
Apt P12City  
PoughkeepsieState  
NYZip Code  
12601-2836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9873317

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ayers, Shvonne, , ,**

Mailing Address 134 Innis Ave  
Apt P12

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River Valley

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2025

**Transaction ID : 9873318**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ayers, Shvonne, , ,**

Mailing Address 134 Innis Ave  
Apt P12

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River Valley

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2025

**Transaction ID : 9873319**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ayers, Shvonne, , ,**

Mailing Address 134 Innis Ave  
Apt P12

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River Valley

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2025

**Transaction ID : 9873320**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ayers, Shvonne, , ,**Mailing Address 134 Innis Ave  
Apt P12City  
PoughkeepsieState  
NYZip Code  
12601-2836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9873321

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Azema, Michlene, , ,**Mailing Address 24016 Weller Ave  
NullCity  
RosedaleState  
NYZip Code  
11422-2316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879579

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Azema, Michlene, , ,**Mailing Address 24016 Weller Ave  
NullCity  
RosedaleState  
NYZip Code  
11422-2316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876489

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Azema, Michelene, , ,**

Mailing Address 24016 Weller Ave  
Null

City  
Rosedale

State  
NY

Zip Code  
11422-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2025

**Transaction ID : 9879577**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Azema, Michelene, , ,**

Mailing Address 24016 Weller Ave  
Null

City  
Rosedale

State  
NY

Zip Code  
11422-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

**Transaction ID : 9879578**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Azema, Michelene, , ,**

Mailing Address 24016 Weller Ave  
Null

City  
Rosedale

State  
NY

Zip Code  
11422-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9876490**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Azemar Desaille, Lyze Thamar, , ,**

Mailing Address 98 Ludlam Ave

City  
ElmontState  
NYZip Code  
11003-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875743

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Azemar Desaille, Lyze Thamar, , ,**

Mailing Address 98 Ludlam Ave

City  
ElmontState  
NYZip Code  
11003-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875742

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Azemar Desaille, Lyze Thamar, , ,**

Mailing Address 98 Ludlam Ave

City  
ElmontState  
NYZip Code  
11003-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875744

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Azemar Desaille, Lyze Thamar, , ,**

Mailing Address 98 Ludlam Ave

City  
ElmontState  
NYZip Code  
11003-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875745

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Badenock, Francois, , ,**

Mailing Address 1435 Louis Blvd

City  
BronxState  
NYZip Code  
10459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Dietary Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874047

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Badenock, Francois, , ,**

Mailing Address 1435 Louis Blvd

City  
BronxState  
NYZip Code  
10459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Dietary Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874048

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Badji, Wisdom, , ,**Mailing Address 40 W Mosholu Pkwy S  
Apt 27CCity  
BronxState  
NYZip Code  
10468-1162FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877918

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Badji, Wisdom, , ,**Mailing Address 40 W Mosholu Pkwy S  
Apt 27CCity  
BronxState  
NYZip Code  
10468-1162FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877916

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Badji, Wisdom, , ,**Mailing Address 40 W Mosholu Pkwy S  
Apt 27CCity  
BronxState  
NYZip Code  
10468-1162FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877915

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

55.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                               |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Badji, Wisdom, , ,</b>                 |             |                                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 15 / 2025<br><b>Transaction ID : 9877919</b> |  |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             |                                                               |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                        |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                               | Amount of Each Receipt this Period<br>5.00                                                          |  |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>300.00                            |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Badji, Wisdom, , ,</b>                 |             |                                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 22 / 2025<br><b>Transaction ID : 9877920</b> |  |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             |                                                               |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                        |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                               | Amount of Each Receipt this Period<br>5.00                                                          |  |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>300.00                            |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Badji, Wisdom, , ,</b>                 |             |                                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 15 / 2025<br><b>Transaction ID : 9877917</b> |  |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             |                                                               |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                        |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                               | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>300.00                            |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                               | 30.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                               |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Badji, Wisdom, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 10 / 2025<br><b>Transaction ID : 9877921</b> |                                    |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             | Amount of Each Receipt this Period<br>5.00                                                          |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem                                       |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>300.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Badji, Wisdom, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2025<br><b>Transaction ID : 9874757</b> |                                    |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem                                       |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>300.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Badji, Wisdom, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9874758</b> |                                    |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem                                       |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>300.00                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 45.00                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                               |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Badji, Wisdom, , ,</b>                 |             |                                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 10 / 2025<br><b>Transaction ID : 9877922</b> |  |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             |                                                               | Amount of Each Receipt this Period<br>5.00                                                          |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                        | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>300.00                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                               |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Badji, Wisdom, , ,</b>                 |             |                                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 05 / 2025<br><b>Transaction ID : 9874759</b> |  |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             |                                                               | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                        | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>300.00                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                               |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Badji, Wisdom, , ,</b>                 |             |                                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2025<br><b>Transaction ID : 9877923</b> |  |
| Mailing Address 40 W Mosholu Pkwy S<br>Apt 27C                                                                                  |             |                                                               | Amount of Each Receipt this Period<br>5.00                                                          |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-1162                                        | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>300.00                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Blythedale Children's Hospital                                                             |             | Occupation (for Individual)<br>Respiratory Therapist Per Diem |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                               |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                               | 30.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                               |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bah, Taibou, , ,**Mailing Address 2820 Morris Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-2823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881059

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bah, Taibou, , ,**Mailing Address 2820 Morris Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-2823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881060

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bah, Taibou, , ,**Mailing Address 2820 Morris Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-2823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876194

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bah, Taibou, , ,**Mailing Address 2820 Morris Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-2823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876195

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bah, Taibou, , ,**Mailing Address 2820 Morris Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-2823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876196

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bah, Taibou, , ,**Mailing Address 2820 Morris Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-2823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876197

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bajrami, Leonora, , ,**Mailing Address 190 Union Ave  
Apt 1City  
RutherfordState  
NJZip Code  
07070-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Specialty Laboratory Technologist-M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9876072

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bajrami, Leonora, , ,**Mailing Address 190 Union Ave  
Apt 1City  
RutherfordState  
NJZip Code  
07070-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Specialty Laboratory Technologist-M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9876073

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bajrami, Leonora, , ,**Mailing Address 190 Union Ave  
Apt 1City  
RutherfordState  
NJZip Code  
07070-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Specialty Laboratory Technologist-M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876074

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bajrami, Leonora, , ,**Mailing Address 190 Union Ave  
Apt 1City  
RutherfordState  
NJZip Code  
07070-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Specialty Laboratory Technologist-M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876075

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bajrami, Leonora, , ,**Mailing Address 190 Union Ave  
Apt 1City  
RutherfordState  
NJZip Code  
07070-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Specialty Laboratory Technologist-M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876076

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bajrami, Leonora, , ,**Mailing Address 190 Union Ave  
Apt 1City  
RutherfordState  
NJZip Code  
07070-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Specialty Laboratory Technologist-M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876077

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ballard, Leonna, , ,**

Mailing Address 211 1/2 2nd St

City  
Newark

State  
NJ

Zip Code  
07107-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 14 / 2025

Transaction ID : 9881659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ballard, Leonna, , ,**

Mailing Address 211 1/2 2nd St

City  
Newark

State  
NJ

Zip Code  
07107-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9881660

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ballard, Leonna, , ,**

Mailing Address 211 1/2 2nd St

City  
Newark

State  
NJ

Zip Code  
07107-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 15 / 2025

Transaction ID : 9881661

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ballard, Leonna, , ,**

Mailing Address 211 1/2 2nd St

City  
Newark

State  
NJ

Zip Code  
07107-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9881662**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ballard, Leonna, , ,**

Mailing Address 211 1/2 2nd St

City  
Newark

State  
NJ

Zip Code  
07107-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9873588**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ballard, Leonna, , ,**

Mailing Address 211 1/2 2nd St

City  
Newark

State  
NJ

Zip Code  
07107-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9881658**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ballard, Shalayna, , ,**

Mailing Address 104 -03 197 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Medical Office Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879418

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ballard, Shalayna, , ,**

Mailing Address 104 -03 197 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Medical Office Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879419

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ballard, Shalayna, , ,**

Mailing Address 104 -03 197 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Medical Office Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879420

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ballard, Shalayna, , ,**

Mailing Address 104 -03 197 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Medical Office Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879421

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ballard, Shalayna, , ,**

Mailing Address 104 -03 197 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Medical Office Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874679

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Banks, Jonathan, , ,**

Mailing Address 4018 SW 23rd St

City  
West ParkState  
FLZip Code  
33023-3437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Surgical Technician 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882064

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Banks, Jonathan, , ,**

Mailing Address 4018 SW 23rd St

City  
West Park

State  
FL

Zip Code  
33023-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Surgical Technician 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

**Transaction ID : 9882065**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Banks, Jonathan, , ,**

Mailing Address 4018 SW 23rd St

City  
West Park

State  
FL

Zip Code  
33023-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Surgical Technician 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9875263**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Banks, Jonathan, , ,**

Mailing Address 4018 SW 23rd St

City  
West Park

State  
FL

Zip Code  
33023-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Surgical Technician 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9882063**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barakoti, Binita, , ,**

Mailing Address 202 Frear Dr

City  
RochesterState  
NYZip Code  
14616-4119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 17    |   | 2025        |

**Transaction ID : 9881806**

Amount of Each Receipt this Period

17.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barakoti, Binita, , ,**

Mailing Address 202 Frear Dr

City  
RochesterState  
NYZip Code  
14616-4119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 10    |   | 2025        |

**Transaction ID : 9881807**

Amount of Each Receipt this Period

17.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barakoti, Binita, , ,**

Mailing Address 202 Frear Dr

City  
RochesterState  
NYZip Code  
14616-4119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 19    |   | 2025        |

**Transaction ID : 9873377**

Amount of Each Receipt this Period

17.52

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

52.56

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barakoti, Binita, , ,**

Mailing Address 202 Frear Dr

City  
RochesterState  
NYZip Code  
14616-4119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881805

Amount of Each Receipt this Period

17.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barbato, Gianna, , ,**Mailing Address 510 Pavonia Ave  
Apt 2LCity  
Jersey CityState  
NJZip Code  
07306-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Pharmacy Technician Certified-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881694

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barbato, Gianna, , ,**Mailing Address 510 Pavonia Ave  
Apt 2LCity  
Jersey CityState  
NJZip Code  
07306-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Pharmacy Technician Certified-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9881695

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barbato, Gianna, , ,**Mailing Address 510 Pavonia Ave  
Apt 2LCity  
Jersey CityState  
NJZip Code  
07306-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Pharmacy Technician Certified-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881696

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barbato, Gianna, , ,**Mailing Address 510 Pavonia Ave  
Apt 2LCity  
Jersey CityState  
NJZip Code  
07306-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Pharmacy Technician Certified-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9881697

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barbato, Gianna, , ,**Mailing Address 510 Pavonia Ave  
Apt 2LCity  
Jersey CityState  
NJZip Code  
07306-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Pharmacy Technician Certified-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876122

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barbato, Gianna, , ,**Mailing Address 510 Pavonia Ave  
Apt 2LCity  
Jersey CityState  
NJZip Code  
07306-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Pharmacy Technician Certified-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9881693**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Baresel, Rachel, , ,**

Mailing Address 11 Prospect St

City  
BeaconState  
NYZip Code  
12508-3815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025**Transaction ID : 9880448**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Baresel, Rachel, , ,**

Mailing Address 11 Prospect St

City  
BeaconState  
NYZip Code  
12508-3815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025**Transaction ID : 9880447**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 178 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baresel, Rachel, , ,**

Mailing Address 11 Prospect St

City  
BeaconState  
NYZip Code  
12508-3815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9880449

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Baresel, Rachel, , ,**

Mailing Address 11 Prospect St

City  
BeaconState  
NYZip Code  
12508-3815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9880450

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Baresel, Rachel, , ,**

Mailing Address 11 Prospect St

City  
BeaconState  
NYZip Code  
12508-3815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880451

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baresel, Rachel, , ,**

Mailing Address 11 Prospect St

City  
Beacon

State  
NY

Zip Code  
12508-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9875085**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9878643**

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

**Transaction ID : 9873898**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

42.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

07 / 30 / 2025

Transaction ID : 9878635

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

07 / 30 / 2025

Transaction ID : 9878636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

07 / 31 / 2025

Transaction ID : 9878644

Amount of Each Receipt this Period

2.50

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

42.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
InwoodState  
NYZip Code  
11096-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878634

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
InwoodState  
NYZip Code  
11096-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9878637

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
InwoodState  
NYZip Code  
11096-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878645

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

09 / 30 / 2025

Transaction ID : 9878646

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 08 / 2025

Transaction ID : 9878633

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
Inwood

State  
NY

Zip Code  
11096-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

11 / 04 / 2025

Transaction ID : 9878647

Amount of Each Receipt this Period

2.50

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barker, Lydia, , ,**

Mailing Address 86 Solomon Ave

City  
InwoodState  
NYZip Code  
11096-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878648

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barnes, Lorna, , ,**Mailing Address 4217 Monticello Ave  
NullCity  
BronxState  
NYZip Code  
10466-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9877802

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barnes, Lorna, , ,**Mailing Address 4217 Monticello Ave  
NullCity  
BronxState  
NYZip Code  
10466-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9877803

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

42.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barnes, Lorna, , ,**

Mailing Address 4217 Monticello Ave

Null

City

Bronx

State

NY

Zip Code

10466-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Glen Island Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877804

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barnes, Lorna, , ,**

Mailing Address 4217 Monticello Ave

Null

City

Bronx

State

NY

Zip Code

10466-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Glen Island Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877805

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barnes, Lorna, , ,**

Mailing Address 4217 Monticello Ave

Null

City

Bronx

State

NY

Zip Code

10466-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Glen Island Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875900

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 185 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barnes, Lorna, , ,**Mailing Address 4217 Monticello Ave  
NullCity  
BronxState  
NYZip Code  
10466-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9875901

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barnett, Michael, , ,**

Mailing Address 16 Martin Ave

City  
HempsteadState  
NYZip Code  
11550-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879825

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barnett, Michael, , ,**

Mailing Address 16 Martin Ave

City  
HempsteadState  
NYZip Code  
11550-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879826

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barnett, Michael, , ,**

Mailing Address 16 Martin Ave

City  
HempsteadState  
NYZip Code  
11550-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879827

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barnett, Michael, , ,**

Mailing Address 16 Martin Ave

City  
HempsteadState  
NYZip Code  
11550-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879828

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barnett, Michael, , ,**

Mailing Address 16 Martin Ave

City  
HempsteadState  
NYZip Code  
11550-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874705

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 187 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barnett, Michael, , ,**

Mailing Address 16 Martin Ave

City  
HempsteadState  
NYZip Code  
11550-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874706

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barratt-Thomas, Natasha, , ,**

Mailing Address 16810 115th Ave

City  
JamaicaState  
NYZip Code  
11434-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879680

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barratt-Thomas, Natasha, , ,**

Mailing Address 16810 115th Ave

City  
JamaicaState  
NYZip Code  
11434-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879681

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barratt-Thomas, Natasha, , ,**

Mailing Address 16810 115th Ave

City  
JamaicaState  
NYZip Code  
11434-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879682

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barratt-Thomas, Natasha, , ,**

Mailing Address 16810 115th Ave

City  
JamaicaState  
NYZip Code  
11434-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879683

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barratt-Thomas, Natasha, , ,**

Mailing Address 16810 115th Ave

City  
JamaicaState  
NYZip Code  
11434-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874316

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 189 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barratt-Thomas, Natasha, , ,**

Mailing Address 16810 115th Ave

City  
JamaicaState  
NYZip Code  
11434-1210FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025**Transaction ID : 9874317**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barrett, Antonette, , ,**

Mailing Address 9865 SW 164th Ter

City  
MiamiState  
FLZip Code  
33157-3330FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Medical Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025**Transaction ID : 9882139**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barrett, Antonette, , ,**

Mailing Address 9865 SW 164th Ter

City  
MiamiState  
FLZip Code  
33157-3330FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Medical Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025**Transaction ID : 9882140**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barrett, Antonette, , ,**

Mailing Address 9865 SW 164th Ter

City  
MiamiState  
FLZip Code  
33157-3330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Medical Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875343

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barrett, Antonette, , ,**

Mailing Address 9865 SW 164th Ter

City  
MiamiState  
FLZip Code  
33157-3330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Medical Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882138

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barrett, Khadine, , ,**

Mailing Address 14151 182nd St

City  
Springfield GardensState  
NYZip Code  
11413-3038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873752

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 191 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barrett, Khadine, , ,**

Mailing Address 14151 182nd St

City  
Springfield GardensState  
NYZip Code  
11413-3038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873753

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barry, Hassanatou, , ,**Mailing Address 220 Montgomery St  
Apt 11DCity  
BrooklynState  
NYZip Code  
11225-2026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873206

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barry, Kadiatou, , ,**Mailing Address 103 Bush Ave  
# AVEAPT2City  
Staten IslandState  
NYZip Code  
10303-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877372

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 OF 2967

|                                                |                              |                              |                             |
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| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barry, Kadiatou, , ,**Mailing Address 103 Bush Ave  
# AVEAPT2City  
Staten IslandState  
NYZip Code  
10303-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877373

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barry, Kadiatou, , ,**Mailing Address 103 Bush Ave  
# AVEAPT2City  
Staten IslandState  
NYZip Code  
10303-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877374

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barry, Kadiatou, , ,**Mailing Address 103 Bush Ave  
# AVEAPT2City  
Staten IslandState  
NYZip Code  
10303-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9877375

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 193 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barry, Kadiatou, , ,**

Mailing Address 103 Bush Ave  
# AVEAPT2

City  
Staten Island

State  
NY

Zip Code  
10303-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9877376

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barry, Kadiatou, , ,**

Mailing Address 103 Bush Ave  
# AVEAPT2

City  
Staten Island

State  
NY

Zip Code  
10303-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 25 / 2025

Transaction ID : 9877377

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barry, Kadiatou, , ,**

Mailing Address 103 Bush Ave  
# AVEAPT2

City  
Staten Island

State  
NY

Zip Code  
10303-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9874853

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barry, Kadiatou, , ,**Mailing Address 103 Bush Ave  
# AVEAPT2City  
Staten IslandState  
NYZip Code  
10303-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9877378

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barry, Kadiatou, , ,**Mailing Address 103 Bush Ave  
# AVEAPT2City  
Staten IslandState  
NYZip Code  
10303-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874854

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barthole, Charles, , ,**

Mailing Address 201 Dean St

City  
Valley StreamState  
NYZip Code  
11580-4911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garden Care CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879909

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barthole, Charles, , ,**

Mailing Address 201 Dean St

City  
Valley Stream

State  
NY

Zip Code  
11580-4911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garden Care Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9876396**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barthole, Charles, , ,**

Mailing Address 201 Dean St

City  
Valley Stream

State  
NY

Zip Code  
11580-4911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garden Care Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

**Transaction ID : 9879907**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barthole, Charles, , ,**

Mailing Address 201 Dean St

City  
Valley Stream

State  
NY

Zip Code  
11580-4911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garden Care Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2025

**Transaction ID : 9876397**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barthole, Charles, , ,**

Mailing Address 201 Dean St

City  
Valley StreamState  
NYZip Code  
11580-4911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garden Care CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9879908

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barthole, Charles, , ,**

Mailing Address 201 Dean St

City  
Valley StreamState  
NYZip Code  
11580-4911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garden Care CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9876398

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bartholomew, Gemma, , ,**

Mailing Address 339 Randall Ave

City  
FreeportState  
NYZip Code  
11520-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882694

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bartholomew, Gemma, , ,**

Mailing Address 339 Randall Ave

City  
FreeportState  
NYZip Code  
11520-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882695

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bartholomew, Gemma, , ,**

Mailing Address 339 Randall Ave

City  
FreeportState  
NYZip Code  
11520-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882696

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bartholomew, Gemma, , ,**

Mailing Address 339 Randall Ave

City  
FreeportState  
NYZip Code  
11520-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882697

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 198 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bartholomew, Gemma, , ,**

Mailing Address 339 Randall Ave

City  
FreeportState  
NYZip Code  
11520-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875431

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bartholomew, Gemma, , ,**

Mailing Address 339 Randall Ave

City  
FreeportState  
NYZip Code  
11520-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875432

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Batista Peralta, Ana, , ,**Mailing Address 2043 Creston Ave  
Apt 42City  
BronxState  
NYZip Code  
10453-4221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9881389

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Batista Peralta, Ana, , ,**Mailing Address 2043 Creston Ave  
Apt 42City  
BronxState  
NYZip Code  
10453-4221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9874408

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Batista Peralta, Ana, , ,**Mailing Address 2043 Creston Ave  
Apt 42City  
BronxState  
NYZip Code  
10453-4221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9874409

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Batista Peralta, Ana, , ,**Mailing Address 2043 Creston Ave  
Apt 42City  
BronxState  
NYZip Code  
10453-4221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9874410

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9879126

Amount of Each Receipt this Period

20.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879123

Amount of Each Receipt this Period

20.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879127

Amount of Each Receipt this Period

20.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879128

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9879129

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873549

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Batts, Dashan, , ,**

Mailing Address 1135 E 56th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Cerebral Palsy Association of N

Occupation (for Individual)

Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873550

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bazil, Shayla, , ,**

Mailing Address 481 Villa Ave

City

Staten Island

State

NY

Zip Code

10302-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877343

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bazil, Shayla, , ,**

Mailing Address 481 Villa Ave

City

Staten Island

State

NY

Zip Code

10302-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877344

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bazil, Shayla, , ,**

Mailing Address 481 Villa Ave

City  
Staten IslandState  
NYZip Code  
10302-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877345

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bazil, Shayla, , ,**

Mailing Address 481 Villa Ave

City  
Staten IslandState  
NYZip Code  
10302-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877346

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bazil, Shayla, , ,**

Mailing Address 481 Villa Ave

City  
Staten IslandState  
NYZip Code  
10302-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873617

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 204 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bazil, Shayla, , ,**

Mailing Address 481 Villa Ave

City  
Staten IslandState  
NYZip Code  
10302-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873618

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beaumont Blackie, Leann, , ,**Mailing Address 306 E 92nd St  
Apt 1FTCity  
BrooklynState  
NYZip Code  
11212-1231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
HISTechn BillingDataCntrlLead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878852

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beaumont Blackie, Leann, , ,**Mailing Address 306 E 92nd St  
Apt 1FTCity  
BrooklynState  
NYZip Code  
11212-1231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
HISTechn BillingDataCntrlLead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878853

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beaumont Blackie, Leann, , ,**Mailing Address 306 E 92nd St  
Apt 1FTCity  
BrooklynState  
NYZip Code  
11212-1231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
HISTechn BillingDataCntrlLead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878854

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beaumont Blackie, Leann, , ,**Mailing Address 306 E 92nd St  
Apt 1FTCity  
BrooklynState  
NYZip Code  
11212-1231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
HISTechn BillingDataCntrlLead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875673

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beaumont Blackie, Leann, , ,**Mailing Address 306 E 92nd St  
Apt 1FTCity  
BrooklynState  
NYZip Code  
11212-1231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
HISTechn BillingDataCntrlLead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875672

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beaver, Rikki, , ,**

Mailing Address 29 Auburn Ave

City  
ShirleyState  
NYZip Code  
11967-1741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880336

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beaver, Rikki, , ,**

Mailing Address 29 Auburn Ave

City  
ShirleyState  
NYZip Code  
11967-1741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880337

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beaver, Rikki, , ,**

Mailing Address 29 Auburn Ave

City  
ShirleyState  
NYZip Code  
11967-1741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880338

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beaver, Rikki, , ,**

Mailing Address 29 Auborn Ave

City  
ShirleyState  
NYZip Code  
11967-1741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880339

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beaver, Rikki, , ,**

Mailing Address 29 Auborn Ave

City  
ShirleyState  
NYZip Code  
11967-1741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874084

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beaver, Rikki, , ,**

Mailing Address 29 Auborn Ave

City  
ShirleyState  
NYZip Code  
11967-1741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874085

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beboso, Caren Joy, , ,**

Mailing Address 317 Academy St

City  
WatertownState  
NYZip Code  
13601-3720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samaritan Medical CenterOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880642

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beboso, Caren Joy, , ,**

Mailing Address 317 Academy St

City  
WatertownState  
NYZip Code  
13601-3720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samaritan Medical CenterOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880641

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beboso, Caren Joy, , ,**

Mailing Address 317 Academy St

City  
WatertownState  
NYZip Code  
13601-3720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samaritan Medical CenterOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880643

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

70.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beboso, Caren Joy, , ,**

Mailing Address 317 Academy St

City  
Watertown

State  
NY

Zip Code  
13601-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samaritan Medical Center

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
10 / 07 / 2025

**Transaction ID : 9880644**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beboso, Caren Joy, , ,**

Mailing Address 317 Academy St

City  
Watertown

State  
NY

Zip Code  
13601-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samaritan Medical Center

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2025

**Transaction ID : 9875799**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beboso, Caren Joy, , ,**

Mailing Address 317 Academy St

City  
Watertown

State  
NY

Zip Code  
13601-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samaritan Medical Center

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2025

**Transaction ID : 9880640**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beckford-Giscombe, Petray, , ,**Mailing Address 656 Rogers Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-1564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9879022

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beckford-Giscombe, Petray, , ,**Mailing Address 656 Rogers Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-1564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879023

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beckford-Giscombe, Petray, , ,**Mailing Address 656 Rogers Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-1564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879024

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 211 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beckford-Giscombe, Petray, , ,**Mailing Address 656 Rogers Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-1564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9876750

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beckford-Giscombe, Petray, , ,**Mailing Address 656 Rogers Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-1564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9879021

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beckles, Krissy, , ,**Mailing Address 475 Riverdale Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11207-6112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer G-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878749

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 212 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beckles, Krissy, , ,**Mailing Address 475 Riverdale Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11207-6112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer G-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878750

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beckles, Krissy, , ,**Mailing Address 475 Riverdale Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11207-6112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer G-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878751

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beckles, Krissy, , ,**Mailing Address 475 Riverdale Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11207-6112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer G-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878752

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beckles, Krissy, , ,**Mailing Address 475 Riverdale Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11207-6112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer G-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876119

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beckles, Krissy, , ,**Mailing Address 475 Riverdale Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11207-6112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer G-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878748

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Begglo, Victor, , ,**Mailing Address 3750 87th St  
Apt 5ACity  
Jackson HeightsState  
NYZip Code  
11372-7521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882635

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Begglo, Victor, , ,**Mailing Address 3750 87th St  
Apt 5ACity  
Jackson HeightsState  
NYZip Code  
11372-7521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Begglo, Victor, , ,**Mailing Address 3750 87th St  
Apt 5ACity  
Jackson HeightsState  
NYZip Code  
11372-7521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882637

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Begglo, Victor, , ,**Mailing Address 3750 87th St  
Apt 5ACity  
Jackson HeightsState  
NYZip Code  
11372-7521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882638

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Begglo, Victor, , ,**Mailing Address 3750 87th St  
Apt 5ACity  
Jackson HeightsState  
NYZip Code  
11372-7521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875435

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Begglo, Victor, , ,**Mailing Address 3750 87th St  
Apt 5ACity  
Jackson HeightsState  
NYZip Code  
11372-7521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875436

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Behelat, Faika, , ,**Mailing Address 8812 151st Ave  
Apt 4HCity  
Howard BeachState  
NYZip Code  
11414-1413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technologist 3-Path

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882644

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 216 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Behelat, Faika, , ,**Mailing Address 8812 151st Ave  
Apt 4HCity  
Howard BeachState  
NYZip Code  
11414-1413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technologist 3-Path

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882645

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Behelat, Faika, , ,**Mailing Address 8812 151st Ave  
Apt 4HCity  
Howard BeachState  
NYZip Code  
11414-1413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technologist 3-Path

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882646

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Behelat, Faika, , ,**Mailing Address 8812 151st Ave  
Apt 4HCity  
Howard BeachState  
NYZip Code  
11414-1413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technologist 3-Path

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874213

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 217 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Behelat, Faika, , ,**Mailing Address 8812 151st Ave  
Apt 4HCity  
Howard BeachState  
NYZip Code  
11414-1413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technologist 3-Path

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874214

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belay, Miraf, , ,**

Mailing Address 2420 Hughes Ave

City  
BronxState  
NYZip Code  
10458-6109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Terence Cardinal Cooke Health CenterOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877668

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belay, Miraf, , ,**

Mailing Address 2420 Hughes Ave

City  
BronxState  
NYZip Code  
10458-6109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Terence Cardinal Cooke Health CenterOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877669

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 218 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belay, Miraf, , ,**

Mailing Address 2420 Hughes Ave

City  
BronxState  
NYZip Code  
10458-6109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Terence Cardinal Cooke Health CenterOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877670

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belay, Miraf, , ,**

Mailing Address 2420 Hughes Ave

City  
BronxState  
NYZip Code  
10458-6109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Terence Cardinal Cooke Health CenterOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877671

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belay, Miraf, , ,**

Mailing Address 2420 Hughes Ave

City  
BronxState  
NYZip Code  
10458-6109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Terence Cardinal Cooke Health CenterOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9874076

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 219 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belay, Miraf, , ,**

Mailing Address 2420 Hughes Ave

City  
BronxState  
NYZip Code  
10458-6109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Terence Cardinal Cooke Health CenterOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9877667

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belgrave-Broome, Danissa, , ,**Mailing Address 1752 E 9th St  
Apt B1City  
BrooklynState  
NYZip Code  
11223-2317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Nursing Care Technician-USD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9873571

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belgrave-Broome, Danissa, , ,**Mailing Address 1752 E 9th St  
Apt B1City  
BrooklynState  
NYZip Code  
11223-2317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Nursing Care Technician-USD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9873572

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 220 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belgrave-Broome, Danissa, , ,**Mailing Address 1752 E 9th St  
Apt B1City  
BrooklynState  
NYZip Code  
11223-2317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Nursing Care Technician-USD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9873573

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belgrave-Broome, Danissa, , ,**Mailing Address 1752 E 9th St  
Apt B1City  
BrooklynState  
NYZip Code  
11223-2317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Nursing Care Technician-USD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9873574

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belgrave-Broome, Danissa, , ,**Mailing Address 1752 E 9th St  
Apt B1City  
BrooklynState  
NYZip Code  
11223-2317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Nursing Care Technician-USD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873575

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belgrave-Broome, Danissa, , ,**Mailing Address 1752 E 9th St  
Apt B1City  
BrooklynState  
NYZip Code  
11223-2317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Nursing Care Technician-USD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873576

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9880302

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880308

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9880303

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880309

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9875363

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9880304

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9880305

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9875364

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 224 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875365

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880306

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875366

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belimaire, Adeline, , ,**

Mailing Address 11 Wishing Ln

City  
HicksvilleState  
NYZip Code  
11801-6422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9880307

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880374

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880375

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 226 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880376

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880377

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880378

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 17    |   | 2025        |

**Transaction ID : 9880379**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 01    |   | 2025        |

**Transaction ID : 9880380**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2025        |

**Transaction ID : 9880381**

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

27.72

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 228 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880382

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9880384

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880383

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873817

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Madeleine, , ,**

Mailing Address 76 Stephan St

City  
KingstonState  
NYZip Code  
12401-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880373

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell- Benjamin, Kimberly, , ,**

Mailing Address 274 Jefferson Ave

City  
AmityvilleState  
NYZip Code  
11701-2365FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massapequa Center for Rehabilitation &Occupation (for Individual)  
Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9873501

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

58.48

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 230 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell- Benjamin, Kimberly, , ,**

Mailing Address 274 Jefferson Ave

City  
AmityvilleState  
NYZip Code  
11701-2365FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massapequa Center for Rehabilitation &Occupation (for Individual)  
Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9873502

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell- Benjamin, Kimberly, , ,**

Mailing Address 274 Jefferson Ave

City  
AmityvilleState  
NYZip Code  
11701-2365FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massapequa Center for Rehabilitation &Occupation (for Individual)  
Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9873499

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell- Benjamin, Kimberly, , ,**

Mailing Address 274 Jefferson Ave

City  
AmityvilleState  
NYZip Code  
11701-2365FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massapequa Center for Rehabilitation &Occupation (for Individual)  
Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873503

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 231 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell- Benjamin, Kimberly, , ,**

Mailing Address 274 Jefferson Ave

City  
AmityvilleState  
NYZip Code  
11701-2365FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massapequa Center for Rehabilitation &Occupation (for Individual)  
Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873500

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belot, Pierrette, , ,**Mailing Address 22112 145th Rd  
Apt 2City  
Springfield GardensState  
NYZip Code  
11413-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882641

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belot, Pierrette, , ,**Mailing Address 22112 145th Rd  
Apt 2City  
Springfield GardensState  
NYZip Code  
11413-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9882639

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belot, Pierrette, , ,**Mailing Address 22112 145th Rd  
Apt 2City  
Springfield GardensState  
NYZip Code  
11413-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9882642

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belot, Pierrette, , ,**Mailing Address 22112 145th Rd  
Apt 2City  
Springfield GardensState  
NYZip Code  
11413-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9882643

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Belot, Pierrette, , ,**Mailing Address 22112 145th Rd  
Apt 2City  
Springfield GardensState  
NYZip Code  
11413-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9873928

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Belot, Pierrette, , ,**Mailing Address 22112 145th Rd  
Apt 2City  
Springfield GardensState  
NYZip Code  
11413-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882640

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benitez, Melanie, , ,**Mailing Address 1460 Parkchester Rd  
Apt MCCity  
BronxState  
NYZip Code  
10462-7643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877745

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benitez, Melanie, , ,**Mailing Address 1460 Parkchester Rd  
Apt MCCity  
BronxState  
NYZip Code  
10462-7643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877746

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 234 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benitez, Melanie, , ,**Mailing Address 1460 Parkchester Rd  
Apt MCCity  
BronxState  
NYZip Code  
10462-7643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877747

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benitez, Melanie, , ,**Mailing Address 1460 Parkchester Rd  
Apt MCCity  
BronxState  
NYZip Code  
10462-7643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877748

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benitez, Melanie, , ,**Mailing Address 1460 Parkchester Rd  
Apt MCCity  
BronxState  
NYZip Code  
10462-7643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874699

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 235 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benitez, Melanie, , ,**Mailing Address 1460 Parkchester Rd  
Apt MCCity  
BronxState  
NYZip Code  
10462-7643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877744

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benjamin, Ghislaine, , ,**

Mailing Address 108 -19 173 St

City  
JamaicaState  
NYZip Code  
11433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873855

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benjamin, Ghislaine, , ,**

Mailing Address 108 -19 173 St

City  
JamaicaState  
NYZip Code  
11433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879632

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benjamin, Ghislaine, , ,

Mailing Address 108 -19 173 St

City  
JamaicaState  
NYZip Code  
11433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879633

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Benjamin, Ghislaine, , ,

Mailing Address 108 -19 173 St

City  
JamaicaState  
NYZip Code  
11433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879631

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benjamin, Ghislaine, , ,

Mailing Address 108 -19 173 St

City  
JamaicaState  
NYZip Code  
11433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879634

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 237 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benjamin, Ghislaine, , ,**

Mailing Address 108 -19 173 St

City  
JamaicaState  
NYZip Code  
11433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benjamin, Monique, , ,**Mailing Address 681 Garfield Rd  
Null

City

North Baldwin

State  
NYZip Code  
11510-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technican 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879774

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benjamin, Monique, , ,**Mailing Address 681 Garfield Rd  
Null

City

North Baldwin

State  
NYZip Code  
11510-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technican 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879775

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 238 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benjamin, Monique, , ,**Mailing Address 681 Garfield Rd  
NullCity  
North BaldwinState  
NYZip Code  
11510-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technican 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879776

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benjamin, Monique, , ,**Mailing Address 681 Garfield Rd  
NullCity  
North BaldwinState  
NYZip Code  
11510-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technican 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874207

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benjamin, Monique, , ,**Mailing Address 681 Garfield Rd  
NullCity  
North BaldwinState  
NYZip Code  
11510-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technican 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874208

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bennett, Paulette, , ,**Mailing Address 2405 NW 135th St  
Apt 116City  
MiamiState  
FLZip Code  
33167-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9880896

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bennett, Paulette, , ,**Mailing Address 2405 NW 135th St  
Apt 116City  
MiamiState  
FLZip Code  
33167-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875047

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bennett, Paulette, , ,**Mailing Address 2405 NW 135th St  
Apt 116City  
MiamiState  
FLZip Code  
33167-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880894

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 240 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bennett, Paulette, , ,**Mailing Address 2405 NW 135th St  
Apt 116City  
MiamiState  
FLZip Code  
33167-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880895

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benoit, Sherlene, , ,**Mailing Address 9417 214th Pl  
Null

City

Queens Village

State  
NYZip Code  
11428-1724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879614

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benoit, Sherlene, , ,**Mailing Address 9417 214th Pl  
Null

City

Queens Village

State  
NYZip Code  
11428-1724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879615

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 241 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benoit, Sherlene, , ,**

Mailing Address 9417 214th Pl

Null

City

Queens Village

State

NY

Zip Code

11428-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879616

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benoit, Sherlene, , ,**

Mailing Address 9417 214th Pl

Null

City

Queens Village

State

NY

Zip Code

11428-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9879617

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benoit, Sherlene, , ,**

Mailing Address 9417 214th Pl

Null

City

Queens Village

State

NY

Zip Code

11428-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874396

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benoit, Sherlene, , ,**

Mailing Address 9417 214th Pl

Null

City

Queens Village

State

NY

Zip Code

11428-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874397

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bentine, Brittny, , ,**

Mailing Address 1673 Unionport Rd

Apt 2

City

Bronx

State

NY

Zip Code

10462-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Dietary Associate-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877732

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bentine, Brittny, , ,**

Mailing Address 1673 Unionport Rd

Apt 2

City

Bronx

State

NY

Zip Code

10462-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Dietary Associate-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877733

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 243 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bentine, Brittny, , ,**Mailing Address 1673 Unionport Rd  
Apt 2City  
BronxState  
NYZip Code  
10462-3591FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877734

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bentine, Brittny, , ,**Mailing Address 1673 Unionport Rd  
Apt 2City  
BronxState  
NYZip Code  
10462-3591FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877735

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bentine, Brittny, , ,**Mailing Address 1673 Unionport Rd  
Apt 2City  
BronxState  
NYZip Code  
10462-3591FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876059

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 244 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bentine, Brittny, , ,**Mailing Address 1673 Unionport Rd  
Apt 2City  
BronxState  
NYZip Code  
10462-3591FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876060

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Berger, Devin, , ,**

Mailing Address 22 Lindell Ave

City

Lake Grove

State

NY

Zip Code

11755-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Faculty-Student Assoc. (Stonybrook HosOccupation (for Individual)  
Cooks Helper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880267

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berger, Devin, , ,**

Mailing Address 22 Lindell Ave

City

Lake Grove

State

NY

Zip Code

11755-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Faculty-Student Assoc. (Stonybrook HosOccupation (for Individual)  
Cooks Helper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880268

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berger, Devin, , ,**

Mailing Address 22 Lindell Ave

City  
Lake GroveState  
NYZip Code  
11755-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Faculty-Student Assoc. (Stonybrook HosOccupation (for Individual)  
Cooks Helper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880269

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Berger, Devin, , ,**

Mailing Address 22 Lindell Ave

City  
Lake GroveState  
NYZip Code  
11755-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Faculty-Student Assoc. (Stonybrook HosOccupation (for Individual)  
Cooks Helper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9880270

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berger, Devin, , ,**

Mailing Address 22 Lindell Ave

City  
Lake GroveState  
NYZip Code  
11755-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Faculty-Student Assoc. (Stonybrook HosOccupation (for Individual)  
Cooks Helper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873484

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berger, Devin, , ,**

Mailing Address 22 Lindell Ave

City  
Lake GroveState  
NYZip Code  
11755-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Faculty-Student Assoc. (Stonybrook HosOccupation (for Individual)  
Cooks Helper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9873485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Berko-Ampofo, Philipa, , ,**Mailing Address 27 Claremont Ave  
Apt 1City  
Mount VernonState  
NYZip Code  
10550-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hebrew Home for the Aged (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878178

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berko-Ampofo, Philipa, , ,**Mailing Address 27 Claremont Ave  
Apt 1City  
Mount VernonState  
NYZip Code  
10550-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hebrew Home for the Aged (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878179

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berko-Ampofo, Philipa, , ,**Mailing Address 27 Claremont Ave  
Apt 1

City

Mount Vernon

State

NY

Zip Code

10550-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hebrew Home for the Aged (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874731

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beswick, Tanyeka, , ,**

Mailing Address 46 Lockman Ave

City

Staten Island

State

NY

Zip Code

10303-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

Patient Care Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877355

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beswick, Tanyeka, , ,**

Mailing Address 46 Lockman Ave

City

Staten Island

State

NY

Zip Code

10303-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

Patient Care Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877356

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beswick, Tanyeka, , ,**

Mailing Address 46 Lockman Ave

City  
Staten IslandState  
NYZip Code  
10303-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877357

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beswick, Tanyeka, , ,**

Mailing Address 46 Lockman Ave

City  
Staten IslandState  
NYZip Code  
10303-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877358

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beswick, Tanyeka, , ,**

Mailing Address 46 Lockman Ave

City  
Staten IslandState  
NYZip Code  
10303-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873615

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 249 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9876701

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9876703

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9876702

Amount of Each Receipt this Period

46.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9876705

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9876704

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9876707

Amount of Each Receipt this Period

46.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9876706

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876708

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9876709

Amount of Each Receipt this Period

46.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 252 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Betancourt, Taina, , ,**

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9876710

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bien-Aime Dorvil, Vanessa, , ,**

Mailing Address 480 West Dr

City

Copiague

State

NY

Zip Code

11726-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Affinity Skilled Living Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880194

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bien-Aime Dorvil, Vanessa, , ,**

Mailing Address 480 West Dr

City

Copiague

State

NY

Zip Code

11726-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Affinity Skilled Living Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880195

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

86.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bien-Aime Dorvil, Vanessa, , ,**

Mailing Address 480 West Dr

City  
CopiagueState  
NYZip Code  
11726-5122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880196

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bien-Aime Dorvil, Vanessa, , ,**

Mailing Address 480 West Dr

City  
CopiagueState  
NYZip Code  
11726-5122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880197

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bien-Aime Dorvil, Vanessa, , ,**

Mailing Address 480 West Dr

City  
CopiagueState  
NYZip Code  
11726-5122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874101

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 254 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bien-Aime Dorvil, Vanessa, , ,**

Mailing Address 480 West Dr

City  
CopiagueState  
NYZip Code  
11726-5122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874102

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bijou, Chilene, , ,**

Mailing Address 40 Townhouse Rd S

City  
Huntington StationState  
NYZip Code  
11746-1239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Surgical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880239

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bijou, Chilene, , ,**

Mailing Address 40 Townhouse Rd S

City  
Huntington StationState  
NYZip Code  
11746-1239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Surgical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880240

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bijou, Chilene, , ,**

Mailing Address 40 Townhouse Rd S

City  
Huntington StationState  
NYZip Code  
11746-1239FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Surgical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9880241

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bijou, Chilene, , ,**

Mailing Address 40 Townhouse Rd S

City  
Huntington StationState  
NYZip Code  
11746-1239FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Surgical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880242

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bijou, Chilene, , ,**

Mailing Address 40 Townhouse Rd S

City  
Huntington StationState  
NYZip Code  
11746-1239FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Surgical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874359

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bijou, Chilene, , ,**

Mailing Address 40 Townhouse Rd S

City  
Huntington StationState  
NYZip Code  
11746-1239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Surgical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874360

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Biney, Emmanuel, , ,**Mailing Address 468 W 148th St  
Apt 3DCity  
New YorkState  
NYZip Code  
10031-3839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877248

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Biney, Emmanuel, , ,**Mailing Address 468 W 148th St  
Apt 3DCity  
New YorkState  
NYZip Code  
10031-3839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877249

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 257 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Biney, Emmanuel, , ,**Mailing Address 468 W 148th St  
Apt 3DCity  
New YorkState  
NYZip Code  
10031-3839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9877250

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Biney, Emmanuel, , ,**Mailing Address 468 W 148th St  
Apt 3DCity  
New YorkState  
NYZip Code  
10031-3839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874191

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Biney, Emmanuel, , ,**Mailing Address 468 W 148th St  
Apt 3DCity  
New YorkState  
NYZip Code  
10031-3839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874192

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Birkett, Warren, , ,**Mailing Address 860 Nostrand Ave  
Apt 6City  
BrooklynState  
NYZip Code  
11225-1503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881439

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Birkett, Warren, , ,**Mailing Address 860 Nostrand Ave  
Apt 6City  
BrooklynState  
NYZip Code  
11225-1503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881440

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Birkett, Warren, , ,**Mailing Address 860 Nostrand Ave  
Apt 6City  
BrooklynState  
NYZip Code  
11225-1503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881441

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Birkett, Warren, , ,**Mailing Address 860 Nostrand Ave  
Apt 6City  
BrooklynState  
NYZip Code  
11225-1503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874275

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Birkett, Warren, , ,**Mailing Address 860 Nostrand Ave  
Apt 6City  
BrooklynState  
NYZip Code  
11225-1503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881438

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bishop, Jaleesa, , ,**Mailing Address 2025 Seward Ave  
Apt 19City  
BronxState  
NYZip Code  
10473-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880972

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bishop, Jaleesa, , ,**Mailing Address 2025 Seward Ave  
Apt 19City  
BronxState  
NYZip Code  
10473-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880973

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bishop, Jaleesa, , ,**Mailing Address 2025 Seward Ave  
Apt 19City  
BronxState  
NYZip Code  
10473-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880974

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bishop, Jaleesa, , ,**Mailing Address 2025 Seward Ave  
Apt 19City  
BronxState  
NYZip Code  
10473-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880975

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bishop, Jaleesa, , ,**Mailing Address 2025 Seward Ave  
Apt 19City  
BronxState  
NYZip Code  
10473-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876179

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bishop, Jaleesa, , ,**Mailing Address 2025 Seward Ave  
Apt 19City  
BronxState  
NYZip Code  
10473-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876124

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bishop, Joan, , ,**Mailing Address 130 Hudson Ave  
Apt 319City  
PoughkeepsieState  
NYZip Code  
12601-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9882946

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

50.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 262 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bishop, Joan, , ,**Mailing Address 130 Hudson Ave  
Apt 319City  
PoughkeepsieState  
NYZip Code  
12601-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9882947

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bishop, Joan, , ,**Mailing Address 130 Hudson Ave  
Apt 319City  
PoughkeepsieState  
NYZip Code  
12601-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9882948

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bishop, Joan, , ,**Mailing Address 130 Hudson Ave  
Apt 319City  
PoughkeepsieState  
NYZip Code  
12601-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9873314

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bishop, Joan, , ,**Mailing Address 130 Hudson Ave  
Apt 319City  
PoughkeepsieState  
NYZip Code  
12601-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9873315

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bishop, Joan, , ,**Mailing Address 130 Hudson Ave  
Apt 319City  
PoughkeepsieState  
NYZip Code  
12601-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9873316

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Black-Batten, Winsome, , ,**

Mailing Address 17 Duryea Ave

City  
Mount VernonState  
NYZip Code  
10550-4810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878160

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 264 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Black-Batten, Winsome, , ,**

Mailing Address 17 Duryea Ave

City

Mount Vernon

State

NY

Zip Code

10550-4810

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Political Organizer

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 13    |   | 2025        |

Transaction ID : 9878161

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Black-Batten, Winsome, , ,**

Mailing Address 17 Duryea Ave

City

Mount Vernon

State

NY

Zip Code

10550-4810

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Political Organizer

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 22    |   | 2025        |

Transaction ID : 9878162

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Black-Batten, Winsome, , ,**

Mailing Address 17 Duryea Ave

City

Mount Vernon

State

NY

Zip Code

10550-4810

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Political Organizer

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2025        |

Transaction ID : 9878163

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 265 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Black-Batten, Winsome, , ,**

Mailing Address 17 Duryea Ave

City

Mount Vernon

State

NY

Zip Code

10550-4810

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Political Organizer

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 19    |   | 2025        |

**Transaction ID : 9878164**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Black-Batten, Winsome, , ,**

Mailing Address 17 Duryea Ave

City

Mount Vernon

State

NY

Zip Code

10550-4810

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Political Organizer

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2025        |

**Transaction ID : 9876811**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blackman, Marion, , ,**

Mailing Address 50 W 139th St

Apt 4J

City

New York

State

NY

Zip Code

10037-1536

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 01    |   | 2025        |

**Transaction ID : 9882479**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 266 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blackman, Marion, , ,**Mailing Address 50 W 139th St  
Apt 4JCity  
New YorkState  
NYZip Code  
10037-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882480

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blackman, Marion, , ,**Mailing Address 50 W 139th St  
Apt 4JCity  
New YorkState  
NYZip Code  
10037-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882481

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blackman, Marion, , ,**Mailing Address 50 W 139th St  
Apt 4JCity  
New YorkState  
NYZip Code  
10037-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882482

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 267 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                        |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Blackman, Marion, , ,</b>              |             |                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 03 / 2025<br><b>Transaction ID : 9875448</b> |  |
| Mailing Address 50 W 139th St<br>Apt 4J                                                                                         |             |                                        |                                                                                                     |  |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10037-1536                 |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                        | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Retired                                                                                    |             | Occupation (for Individual)<br>Retired | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00     |                                                                                                     |  |

|                                                                                                                                 |             |                                        |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Blackman, Marion, , ,</b>              |             |                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9875449</b> |  |
| Mailing Address 50 W 139th St<br>Apt 4J                                                                                         |             |                                        |                                                                                                     |  |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10037-1536                 |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                        | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Retired                                                                                    |             | Occupation (for Individual)<br>Retired | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00     |                                                                                                     |  |

|                                                                                                                               |             |                                                                  |                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Blaise, Emmanuela, , ,</b>           |             |                                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 02 / 2025<br><b>Transaction ID : 9882068</b> |  |
| Mailing Address 220 SW 70th Ter                                                                                               |             |                                                                  |                                                                                                     |  |
| City<br>Pembroke Pines                                                                                                        | State<br>FL | Zip Code<br>33023-1027                                           |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                               |             |                                                                  | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>University of Miami Hospital                                                             |             | Occupation (for Individual)<br>Certified Nursing Assistant 3 (U) | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>220.00                               |                                                                                                     |  |

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blaise, Emmanuela, , ,**

Mailing Address 220 SW 70th Ter

City  
Pembroke Pines

State  
FL

Zip Code  
33023-1027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**12 / 01 / 2025**

**Transaction ID : 9875168**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blaise, Emmanuela, , ,**

Mailing Address 220 SW 70th Ter

City  
Pembroke Pines

State  
FL

Zip Code  
33023-1027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**12 / 01 / 2025**

**Transaction ID : 9882066**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blaise, Emmanuela, , ,**

Mailing Address 220 SW 70th Ter

City  
Pembroke Pines

State  
FL

Zip Code  
33023-1027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**12 / 01 / 2025**

**Transaction ID : 9882067**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blanco Jr, Gregorio, , ,**

Mailing Address 6613 Burns St  
Apt 1

City  
Rego Park

State  
NY

Zip Code  
11374-3950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 08 / 2025

Transaction ID : 9881545

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blanco Jr, Gregorio, , ,**

Mailing Address 6613 Burns St  
Apt 1

City  
Rego Park

State  
NY

Zip Code  
11374-3950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9874034

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blanco Jr, Gregorio, , ,**

Mailing Address 6613 Burns St  
Apt 1

City  
Rego Park

State  
NY

Zip Code  
11374-3950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9881544

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 270 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blanco Jr, Gregorio, , ,**Mailing Address 6613 Burns St  
Apt 1City  
Rego ParkState  
NYZip Code  
11374-3950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9874035

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bloise, Eulith, , ,**

Mailing Address 2447 Quimper Ave SE

City  
Palm BayState  
FLZip Code  
32909-7263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedrock at MelbourneOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882042

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bloise, Eulith, , ,**

Mailing Address 2447 Quimper Ave SE

City  
Palm BayState  
FLZip Code  
32909-7263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedrock at MelbourneOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9876094

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bloise, Eulith, , ,**

Mailing Address 2447 Quimper Ave SE

City  
Palm BayState  
FLZip Code  
32909-7263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedrock at MelbourneOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9876095

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bloise, Eulith, , ,**

Mailing Address 2447 Quimper Ave SE

City  
Palm BayState  
FLZip Code  
32909-7263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedrock at MelbourneOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9882041

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blue, Jasmine, , ,**Mailing Address 2997 Marion Ave  
Apt 5CCity  
BronxState  
NYZip Code  
10458-0828FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9876571

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 272 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blue, Jasmine, , ,**Mailing Address 2997 Marion Ave  
Apt 5CCity  
BronxState  
NYZip Code  
10458-0828FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9876572

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blue, Jasmine, , ,**Mailing Address 2997 Marion Ave  
Apt 5CCity  
BronxState  
NYZip Code  
10458-0828FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876573

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blue, Jasmine, , ,**Mailing Address 2997 Marion Ave  
Apt 5CCity  
BronxState  
NYZip Code  
10458-0828FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9876574

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 273 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Blue, Jasmine, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9876575</b> |
| Mailing Address 2997 Marion Ave<br>Apt 5C                                                                                       |             | Amount of Each Receipt this Period<br>50.00                                                         |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10458-0828                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Mount Sinai West                                                                           |             |                                                                                                     |
| Occupation (for Individual)<br>Food & Nutrition Aide                                                                            |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>600.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Blue, Jasmine, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9876576</b> |
| Mailing Address 2997 Marion Ave<br>Apt 5C                                                                                       |             | Amount of Each Receipt this Period<br>50.00                                                         |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10458-0828                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Mount Sinai West                                                                           |             |                                                                                                     |
| Occupation (for Individual)<br>Food & Nutrition Aide                                                                            |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>600.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Boakye, Lydia, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 08 / 2025<br><b>Transaction ID : 9877694</b> |
| Mailing Address 820 E 180th St<br>Apt 80                                                                                        |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10460-1335                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Riverdale Nursing Home                                                                     |             |                                                                                                     |
| Occupation (for Individual)<br>CERTIFIED NURSING ASSISTANT                                                                      |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>250.00                                                                  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 110.00                                                                                              |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 274 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boakye, Lydia, , ,**Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9877721

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boakye, Lydia, , ,**Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9875964

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boakye, Lydia, , ,**Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9877695

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boakye, Lydia, , ,**

Mailing Address 820 E 180th St  
Apt 80

City  
Bronx

State  
NY

Zip Code  
10460-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing Home

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2025

Transaction ID : 9875965

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boakye, Lydia, , ,**

Mailing Address 820 E 180th St  
Apt 80

City  
Bronx

State  
NY

Zip Code  
10460-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing Home

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2025

Transaction ID : 9877696

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boakye, Lydia, , ,**

Mailing Address 820 E 180th St  
Apt 80

City  
Bronx

State  
NY

Zip Code  
10460-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing Home

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 07 / 2025

Transaction ID : 9875966

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boakye, Lydia, , ,**Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9877697

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boakye, Lydia, , ,**Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9877698

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boakye, Lydia, , ,**Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875967

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boakye, Lydia, , ,

Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875968

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boakye, Lydia, , ,

Mailing Address 820 E 180th St  
Apt 80City  
BronxState  
NYZip Code  
10460-1335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverdale Nursing HomeOccupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9877699

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boatemaa, Sandra, , ,

Mailing Address 1049 E 230th St  
NullCity  
BronxState  
NYZip Code  
10466-4809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877818

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 278 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boatemaa, Sandra, , ,**Mailing Address 1049 E 230th St  
NullCity  
BronxState  
NYZip Code  
10466-4809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877819

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boatemaa, Sandra, , ,**Mailing Address 1049 E 230th St  
NullCity  
BronxState  
NYZip Code  
10466-4809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877820

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boatemaa, Sandra, , ,**Mailing Address 1049 E 230th St  
NullCity  
BronxState  
NYZip Code  
10466-4809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874422

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boatemaa, Sandra, , ,**Mailing Address 1049 E 230th St  
NullCity  
BronxState  
NYZip Code  
10466-4809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9873653

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879219

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 280 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9879142

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873654

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879143

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 281 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9873655

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9879144

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9873656

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879145

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873657

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879146

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 283 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873658

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bobb-Semple-thompson, Shelton, , ,**

Mailing Address 9021 Avenue L

City  
BrooklynState  
NYZip Code  
11236-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9879147

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bolivar, Renande, , ,**

Mailing Address 125 NW 4 Ave

City  
North MiamiState  
FLZip Code  
33168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882178

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 284 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bolivar, Renande, , ,**

Mailing Address 125 NW 4 Ave

City  
North MiamiState  
FLZip Code  
33168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882179

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bolivar, Renande, , ,**

Mailing Address 125 NW 4 Ave

City  
North MiamiState  
FLZip Code  
33168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882180

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bolivar, Renande, , ,**

Mailing Address 125 NW 4 Ave

City  
North MiamiState  
FLZip Code  
33168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873976

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bolivar, Renande, , ,**

Mailing Address 125 NW 4 Ave

City  
North MiamiState  
FLZip Code  
33168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873977

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bolivar, Renande, , ,**

Mailing Address 125 NW 4 Ave

City  
North MiamiState  
FLZip Code  
33168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9873978

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9873246

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City  
Cohoes

State  
NY

Zip Code  
12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

**Transaction ID : 9873247**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City  
Cohoes

State  
NY

Zip Code  
12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9873248**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City  
Cohoes

State  
NY

Zip Code  
12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

**Transaction ID : 9873250**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 287 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873249

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9873251

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9873253

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9873252

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9873254

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9873255

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bombardier, Elizabeth, , ,

Mailing Address 56 Rensselaer Ave  
 FI 2

City  
 Cohoes

State  
 NY

Zip Code  
 12047-3517

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Troy Victorian Rehabilitation

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2025

Transaction ID : 9873259

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bombardier, Elizabeth, , ,

Mailing Address 56 Rensselaer Ave  
 FI 2

City  
 Cohoes

State  
 NY

Zip Code  
 12047-3517

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Troy Victorian Rehabilitation

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2025

Transaction ID : 9873257

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bombardier, Elizabeth, , ,

Mailing Address 56 Rensselaer Ave  
 FI 2

City  
 Cohoes

State  
 NY

Zip Code  
 12047-3517

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Troy Victorian Rehabilitation

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2025

Transaction ID : 9873258

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City  
Cohoes

State  
NY

Zip Code  
12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9873256**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City  
Cohoes

State  
NY

Zip Code  
12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9873260**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City  
Cohoes

State  
NY

Zip Code  
12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9873262**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9873261

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873264

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873263

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873265

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873266

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9873268

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City Cohoes State NY Zip Code 12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9873267**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City Cohoes State NY Zip Code 12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9873269**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bombardier, Elizabeth, , ,**

Mailing Address 56 Rensselaer Ave  
FI 2

City Cohoes State NY Zip Code 12047-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9873271**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bombardier, Elizabeth, , ,**Mailing Address 56 Rensselaer Ave  
FI 2City  
CohoesState  
NYZip Code  
12047-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873270

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880541

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880537

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 17    |   | 2025        |

Transaction ID : 9880542

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 20    |   | 2025        |

Transaction ID : 9880543

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 26    |   | 2025        |

Transaction ID : 9880538

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880539

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880544

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bonnick-Richards, Angela, , ,**Mailing Address 21 Rural Ave  
NullCity  
WingdaleState  
NYZip Code  
12594-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880545

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bonnick-Richards, Angela, , ,**

Mailing Address 21 Rural Ave  
Null

City  
Wingdale

State  
NY

Zip Code  
12594-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

**Transaction ID : 9880540**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bonnick-Richards, Angela, , ,**

Mailing Address 21 Rural Ave  
Null

City  
Wingdale

State  
NY

Zip Code  
12594-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9875543**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bonnick-Richards, Angela, , ,**

Mailing Address 21 Rural Ave  
Null

City  
Wingdale

State  
NY

Zip Code  
12594-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Ridge Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9875544**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 298 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bortoluzzi, Lawrence, , ,**

Mailing Address 256 22nd St

City  
BrooklynState  
NYZip Code  
11215-6504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Service Employees International UnionOccupation (for Individual)  
Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9882575

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bortoluzzi, Lawrence, , ,**

Mailing Address 256 22nd St

City  
BrooklynState  
NYZip Code  
11215-6504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Service Employees International UnionOccupation (for Individual)  
Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9882576

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bortoluzzi, Lawrence, , ,**

Mailing Address 256 22nd St

City  
BrooklynState  
NYZip Code  
11215-6504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Service Employees International UnionOccupation (for Individual)  
Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873996

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 299 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bortoluzzi, Lawrence, , ,**

Mailing Address 256 22nd St

City  
BrooklynState  
NYZip Code  
11215-6504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Service Employees International UnionOccupation (for Individual)  
Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9882574

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bortoluzzi, Lawrence, , ,**

Mailing Address 256 22nd St

City  
BrooklynState  
NYZip Code  
11215-6504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Service Employees International UnionOccupation (for Individual)  
Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9873997

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boswell-Chin, Samantha, , ,**Mailing Address 3019 Ely Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874962

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 300 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boswell-Chin, Samantha, , ,**Mailing Address 3019 Ely Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874963

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boursiquot, Stany, , ,**

Mailing Address 145 Nicolls Rd

City

Wheatley Heights

State

NY

Zip Code

11798-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880295

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boursiquot, Stany, , ,**

Mailing Address 145 Nicolls Rd

City

Wheatley Heights

State

NY

Zip Code

11798-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880296

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 301 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boursiquot, Stany, , ,**

Mailing Address 145 Nicolls Rd

City

Wheatley Heights

State

NY

Zip Code

11798-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Affinity Skilled Living Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880297

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boursiquot, Stany, , ,**

Mailing Address 145 Nicolls Rd

City

Wheatley Heights

State

NY

Zip Code

11798-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Affinity Skilled Living Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880298

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boursiquot, Stany, , ,**

Mailing Address 145 Nicolls Rd

City

Wheatley Heights

State

NY

Zip Code

11798-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Affinity Skilled Living Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874049

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boursiquot, Stany, , ,**

Mailing Address 145 Nicolls Rd

City  
Wheatley HeightsState  
NYZip Code  
11798-2426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880294

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881850

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881851

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
Erin

State  
NY

Zip Code  
14838-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 06 / 2025

**Transaction ID : 9881852**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
Erin

State  
NY

Zip Code  
14838-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 19 / 2025

**Transaction ID : 9881854**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
Erin

State  
NY

Zip Code  
14838-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 03 / 2025

**Transaction ID : 9881855**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 304 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881853

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9876529

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881856

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876530

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876531

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9876532

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 306 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9876533

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bower, Brandee, , ,**

Mailing Address 1039 Red Chalk Road Ext

City  
ErinState  
NYZip Code  
14838-9731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9876534

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bozil, Lise, , ,**Mailing Address 947 Montgomery St  
Apt 5CCity  
BrooklynState  
NYZip Code  
11213-5728FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BHRAGS Home CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875594

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 2967

(check only one)

|                                                |                              |                              |                             |
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bozil, Lise, , ,**Mailing Address 947 Montgomery St  
Apt 5CCity  
BrooklynState  
NYZip Code  
11213-5728FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BHRAGS Home CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875593

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bozil, Lise, , ,**Mailing Address 947 Montgomery St  
Apt 5CCity  
BrooklynState  
NYZip Code  
11213-5728FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BHRAGS Home CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875595

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bozil, Lise, , ,**Mailing Address 947 Montgomery St  
Apt 5CCity  
BrooklynState  
NYZip Code  
11213-5728FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BHRAGS Home CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875596

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

260.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 308 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brake, Nicole, , ,**

Mailing Address 23 Ridgeview Ave

City  
White PlainsState  
NYZip Code  
10606-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
REGISTERED NURSE PER DIEM-WAI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878269

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brake, Nicole, , ,**

Mailing Address 23 Ridgeview Ave

City  
White PlainsState  
NYZip Code  
10606-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
REGISTERED NURSE PER DIEM-WA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878270

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brake, Nicole, , ,**

Mailing Address 23 Ridgeview Ave

City  
White PlainsState  
NYZip Code  
10606-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
REGISTERED NURSE PER DIEM-WAK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878271

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 309 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brake, Nicole, , ,**

Mailing Address 23 Ridgeview Ave

City  
White PlainsState  
NYZip Code  
10606-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
REGISTERED NURSE PER DIEM-WAI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878272

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brake, Nicole, , ,**

Mailing Address 23 Ridgeview Ave

City  
White PlainsState  
NYZip Code  
10606-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
REGISTERED NURSE PER DIEM-WA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874437

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brake, Nicole, , ,**

Mailing Address 23 Ridgeview Ave

City  
White PlainsState  
NYZip Code  
10606-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
REGISTERED NURSE PER DIEM-WAK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874438

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bramble Kucera, Ryan, , ,**Mailing Address 1045 Evergreen Ave  
NullCity  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Helper-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878025

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bramble Kucera, Ryan, , ,**Mailing Address 1045 Evergreen Ave  
NullCity  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Helper-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878026

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bramble Kucera, Ryan, , ,**Mailing Address 1045 Evergreen Ave  
NullCity  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Helper-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878027

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 311 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bramble Kucera, Ryan, , ,**Mailing Address 1045 Evergreen Ave  
NullCity  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Helper-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878028

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bramble Kucera, Ryan, , ,**Mailing Address 1045 Evergreen Ave  
NullCity  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Helper-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876029

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bramble Kucera, Ryan, , ,**Mailing Address 1045 Evergreen Ave  
NullCity  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Helper-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878024

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 312 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bramble, Divine, , ,**

Mailing Address 1045 Evergreen Ave

City  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878021

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bramble, Divine, , ,**

Mailing Address 1045 Evergreen Ave

City  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878022

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bramble, Divine, , ,**

Mailing Address 1045 Evergreen Ave

City  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878023

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 313 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bramble, Divine, , ,**

Mailing Address 1045 Evergreen Ave

City  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876030

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bramble, Divine, , ,**

Mailing Address 1045 Evergreen Ave

City  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876031

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bramble, Divine, , ,**

Mailing Address 1045 Evergreen Ave

City  
BronxState  
NYZip Code  
10472-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Lab Accessioning Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876032

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 314 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brea, Georgina, , ,**

Mailing Address 11612 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-3005FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873745

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brea, Georgina, , ,**

Mailing Address 11612 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-3005FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873746

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Briceus, Marguerite, , ,**

Mailing Address 630 NE 151st St

City  
MiamiState  
FLZip Code  
33162-5223FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882144

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Briceus, Marguerite, , ,**

Mailing Address 630 NE 151st St

City  
MiamiState  
FLZip Code  
33162-5223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882145

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Briceus, Marguerite, , ,**

Mailing Address 630 NE 151st St

City  
MiamiState  
FLZip Code  
33162-5223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882146

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Briceus, Marguerite, , ,**

Mailing Address 630 NE 151st St

City  
MiamiState  
FLZip Code  
33162-5223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874010

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Briceus, Marguerite, , ,**

Mailing Address 630 NE 151st St

City  
MiamiState  
FLZip Code  
33162-5223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874011

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Briceus, Marguerite, , ,**

Mailing Address 630 NE 151st St

City  
MiamiState  
FLZip Code  
33162-5223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874012

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bristel, Sanyai, , ,**

Mailing Address 380 Patchogue Ave

City  
BellportState  
NYZip Code  
11713-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swan Lake RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880156

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 317 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bristel, Sanyai, , ,**

Mailing Address 380 Patchogue Ave

City  
BellportState  
NYZip Code  
11713-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swan Lake RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880157

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bristel, Sanyai, , ,**

Mailing Address 380 Patchogue Ave

City  
BellportState  
NYZip Code  
11713-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swan Lake RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9880158

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bristel, Sanyai, , ,**

Mailing Address 380 Patchogue Ave

City  
BellportState  
NYZip Code  
11713-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swan Lake RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9880159

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bristel, Sanyai, , ,**

Mailing Address 380 Patchogue Ave

City  
BellportState  
NYZip Code  
11713-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swan Lake RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875689

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bristel, Sanyai, , ,**

Mailing Address 380 Patchogue Ave

City  
BellportState  
NYZip Code  
11713-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swan Lake RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875690

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brito Rosario, Yeraldin, , ,**

Mailing Address 1226 Sherman Ave

Apt 9

City  
BronxState  
NYZip Code  
10456-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Medical Office Assistant-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877587

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brito Rosario, Yeraldin, , ,**Mailing Address 1226 Sherman Ave  
Apt 9City  
BronxState  
NYZip Code  
10456-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Medical Office Assistant-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877588

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brito Rosario, Yeraldin, , ,**Mailing Address 1226 Sherman Ave  
Apt 9City  
BronxState  
NYZip Code  
10456-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Medical Office Assistant-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877589

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brito Rosario, Yeraldin, , ,**Mailing Address 1226 Sherman Ave  
Apt 9City  
BronxState  
NYZip Code  
10456-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Medical Office Assistant-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9877590

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 320 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brito Rosario, Yeraldin, , ,**Mailing Address 1226 Sherman Ave  
Apt 9City  
BronxState  
NYZip Code  
10456-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Medical Office Assistant-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876545

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brito Rosario, Yeraldin, , ,**Mailing Address 1226 Sherman Ave  
Apt 9City  
BronxState  
NYZip Code  
10456-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Medical Office Assistant-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876546

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brito, Elizabeth, , ,**Mailing Address 2260 Crotona Ave  
Apt 6DCity  
BronxState  
NYZip Code  
10457-1923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874928

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 321 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brito, Elizabeth, , ,**Mailing Address 2260 Crotona Ave  
Apt 6DCity  
BronxState  
NYZip Code  
10457-1923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874929

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brito, Sebastian, , ,**

Mailing Address 983 Peekskill Hollow Rd

City

Putnam Valley

State

NY

Zip Code

10579-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878246

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brito, Sebastian, , ,**

Mailing Address 983 Peekskill Hollow Rd

City

Putnam Valley

State

NY

Zip Code

10579-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9878247

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 322 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brito, Sebastian, , ,**

Mailing Address 983 Peekskill Hollow Rd

City  
Putnam ValleyState  
NYZip Code  
10579-1703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878248

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brito, Sebastian, , ,**

Mailing Address 983 Peekskill Hollow Rd

City  
Putnam ValleyState  
NYZip Code  
10579-1703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878249

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brito, Sebastian, , ,**

Mailing Address 983 Peekskill Hollow Rd

City  
Putnam ValleyState  
NYZip Code  
10579-1703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875922

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brito, Sebastian, , ,**

Mailing Address 983 Peekskill Hollow Rd

City  
Putnam ValleyState  
NYZip Code  
10579-1703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9878245

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879841

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879846

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879842

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879847

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879843

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 325 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876609

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9876610

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Britto, Emmanuel, , ,**Mailing Address 569 Hempstead Gardens Dr  
NullCity  
West HempsteadState  
NYZip Code  
11552-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876611

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Britto, Emmanuel, , ,**

Mailing Address 569 Hempstead Gardens Dr  
Null

City  
West Hempstead

State  
NY

Zip Code  
11552-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 24 / 2025

**Transaction ID : 9879845**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Britto, Emmanuel, , ,**

Mailing Address 569 Hempstead Gardens Dr  
Null

City  
West Hempstead

State  
NY

Zip Code  
11552-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9879844**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Britto, Emmanuel, , ,**

Mailing Address 569 Hempstead Gardens Dr  
Null

City  
West Hempstead

State  
NY

Zip Code  
11552-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9876612**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 327 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brobbey, Nana Adwoa, , ,**

Mailing Address 116 Dehart Ave

City  
Staten IslandState  
NYZip Code  
10303-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877359

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brobbey, Nana Adwoa, , ,**

Mailing Address 116 Dehart Ave

City  
Staten IslandState  
NYZip Code  
10303-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877360

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brobbey, Nana Adwoa, , ,**

Mailing Address 116 Dehart Ave

City  
Staten IslandState  
NYZip Code  
10303-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877361

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 328 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brobbey, Nana Adwoa, , ,**

Mailing Address 116 Dehart Ave

City  
Staten IslandState  
NYZip Code  
10303-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877362

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brobbey, Nana Adwoa, , ,**

Mailing Address 116 Dehart Ave

City  
Staten IslandState  
NYZip Code  
10303-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873557

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brobbey, Nana Adwoa, , ,**

Mailing Address 116 Dehart Ave

City  
Staten IslandState  
NYZip Code  
10303-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873558

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brotherton, Peter, , ,**Mailing Address 355 Concord Ave  
Apt 1BCity  
EwingState  
NJZip Code  
08618-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carnegie Post Acute Care (Princeton)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880999

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brotherton, Peter, , ,**Mailing Address 355 Concord Ave  
Apt 1BCity  
EwingState  
NJZip Code  
08618-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carnegie Post Acute Care (Princeton)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881000

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brotherton, Peter, , ,**Mailing Address 355 Concord Ave  
Apt 1BCity  
EwingState  
NJZip Code  
08618-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carnegie Post Acute Care (Princeton)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9874026

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brotherton, Peter, , ,**Mailing Address 355 Concord Ave  
Apt 1BCity  
EwingState  
NJZip Code  
08618-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carnegie Post Acute Care (Princeton)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874027

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brotherton, Peter, , ,**Mailing Address 355 Concord Ave  
Apt 1BCity  
EwingState  
NJZip Code  
08618-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carnegie Post Acute Care (Princeton)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9874028

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brotherton, Peter, , ,**Mailing Address 355 Concord Ave  
Apt 1BCity  
EwingState  
NJZip Code  
08618-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carnegie Post Acute Care (Princeton)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9874029

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 331 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Carol, , ,**

Mailing Address 12023 234th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 15    |   | 2025        |

Transaction ID : 9879404

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Carol, , ,**

Mailing Address 12023 234th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 26    |   | 2025        |

Transaction ID : 9874244

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Carol, , ,**

Mailing Address 12023 234th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 26    |   | 2025        |

Transaction ID : 9879402

Amount of Each Receipt this Period

30.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 332 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Carol, , ,**

Mailing Address 12023 234th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874245

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Carol, , ,**

Mailing Address 12023 234th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879403

Amount of Each Receipt this Period

30.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Clement, , ,**

Mailing Address 3525 Bainbridge Ave

# 2

City

Bronx

State

NY

Zip Code

10467-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hope Center for HIV and Nursing Care

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874091

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 333 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Clement, , ,**Mailing Address 3525 Bainbridge Ave  
# 2City  
BronxState  
NYZip Code  
10467-1412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874092

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Doris Pat, , ,**Mailing Address 145 Lincoln Rd  
Apt 4LCity  
BrooklynState  
NYZip Code  
11225-4046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882581

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Doris Pat, , ,**Mailing Address 145 Lincoln Rd  
Apt 4LCity  
BrooklynState  
NYZip Code  
11225-4046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882582

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Doris Pat, , ,**Mailing Address 145 Lincoln Rd  
Apt 4LCity  
BrooklynState  
NYZip Code  
11225-4046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882583

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Doris Pat, , ,**Mailing Address 145 Lincoln Rd  
Apt 4LCity  
BrooklynState  
NYZip Code  
11225-4046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882584

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Doris Pat, , ,**Mailing Address 145 Lincoln Rd  
Apt 4LCity  
BrooklynState  
NYZip Code  
11225-4046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875386

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 335 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Doris Pat, , ,**Mailing Address 145 Lincoln Rd  
Apt 4LCity  
BrooklynState  
NYZip Code  
11225-4046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875387

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Joan, , ,**Mailing Address 751 Tilden St  
Apt 4ACity  
BronxState  
NYZip Code  
10467-6055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Williamsbridge ManorOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9876132

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Joan, , ,**Mailing Address 751 Tilden St  
Apt 4ACity  
BronxState  
NYZip Code  
10467-6055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Williamsbridge ManorOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9876133

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 336 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Marie, , ,**

Mailing Address 38 Clason Point Ln

City  
BronxState  
NYZip Code  
10473-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876713

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Marie, , ,**

Mailing Address 38 Clason Point Ln

City  
BronxState  
NYZip Code  
10473-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876714

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Mary, , ,**Mailing Address 193 Forest Hills St  
Apt 4City  
Jamaica PlainState  
MAZip Code  
02130-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876772

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Mary, , ,**Mailing Address 193 Forest Hills St  
Apt 4City  
Jamaica PlainState  
MAZip Code  
02130-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876773

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Mary, , ,**Mailing Address 193 Forest Hills St  
Apt 4City  
Jamaica PlainState  
MAZip Code  
02130-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9876774

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Mary, , ,**Mailing Address 193 Forest Hills St  
Apt 4City  
Jamaica PlainState  
MAZip Code  
02130-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876775

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 338 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Mary, , ,**Mailing Address 193 Forest Hills St  
Apt 4City  
Jamaica PlainState  
MAZip Code  
02130-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876776

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Mary, , ,**Mailing Address 193 Forest Hills St  
Apt 4City  
Jamaica PlainState  
MAZip Code  
02130-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876777

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Octavia, , ,**Mailing Address 856 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877897

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

98.46

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Octavia, , ,**Mailing Address 856 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9877898

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Octavia, , ,**Mailing Address 856 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877900

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Octavia, , ,**Mailing Address 856 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876134

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Octavia, , ,**Mailing Address 856 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876135

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Octavia, , ,**Mailing Address 856 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877896

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Patricia, , ,**

Mailing Address 622 Piedmont St

City  
OrlandoState  
FLZip Code  
32805-3848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9873214

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 341 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Patricia, , ,**

Mailing Address 622 Piedmont St

City  
OrlandoState  
FLZip Code  
32805-3848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9873215

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Patricia, , ,**

Mailing Address 622 Piedmont St

City  
OrlandoState  
FLZip Code  
32805-3848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873216

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Patricia, , ,**

Mailing Address 622 Piedmont St

City  
OrlandoState  
FLZip Code  
32805-3848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9873217

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 342 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Patricia, , ,**

Mailing Address 622 Piedmont St

City  
OrlandoState  
FLZip Code  
32805-3848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873213

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Tammy, , ,**

Mailing Address 425 Kratoville Ave

City  
RiverheadState  
NYZip Code  
11901-2906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Acadia Center for Nursing and RehabOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880316

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Tammy, , ,**

Mailing Address 425 Kratoville Ave

City  
RiverheadState  
NYZip Code  
11901-2906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Acadia Center for Nursing and RehabOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880314

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 343 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Tammy, , ,**

Mailing Address 425 Kratoville Ave

City  
RiverheadState  
NYZip Code  
11901-2906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Acadia Center for Nursing and RehabOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880317

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Tammy, , ,**

Mailing Address 425 Kratoville Ave

City  
RiverheadState  
NYZip Code  
11901-2906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Acadia Center for Nursing and RehabOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874189

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Tammy, , ,**

Mailing Address 425 Kratoville Ave

City  
RiverheadState  
NYZip Code  
11901-2906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Acadia Center for Nursing and RehabOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9880315

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 344 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Tammy, , ,**

Mailing Address 425 Kratoville Ave

City  
RiverheadState  
NYZip Code  
11901-2906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Acadia Center for Nursing and RehabOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9874190

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Zola, , ,**

Mailing Address 83 Roslyn St

City  
RochesterState  
NYZip Code  
14619-1824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Benefits Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875577

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Zola, , ,**

Mailing Address 83 Roslyn St

City  
RochesterState  
NYZip Code  
14619-1824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Benefits Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9875579

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 345 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Zola, , ,**

Mailing Address 83 Roslyn St

City  
RochesterState  
NYZip Code  
14619-1824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Benefits Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025**Transaction ID : 9875578**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Zola, , ,**

Mailing Address 83 Roslyn St

City  
RochesterState  
NYZip Code  
14619-1824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Benefits Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025**Transaction ID : 9875580**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Zola, , ,**

Mailing Address 83 Roslyn St

City  
RochesterState  
NYZip Code  
14619-1824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Benefits Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9875581**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9878932

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878937

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878939

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 347 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9878933

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878938

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878940

Amount of Each Receipt this Period

4.62

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

19.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Dave, , ,**

Mailing Address 379 Hancock St  
Apt 8

City  
Brooklyn

State  
NY

Zip Code  
11216-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2025

**Transaction ID : 9878941**

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Dave, , ,**

Mailing Address 379 Hancock St  
Apt 8

City  
Brooklyn

State  
NY

Zip Code  
11216-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2025

**Transaction ID : 9878934**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Dave, , ,**

Mailing Address 379 Hancock St  
Apt 8

City  
Brooklyn

State  
NY

Zip Code  
11216-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

MM / DD / YYYY  
09 / 18 / 2025

**Transaction ID : 9878943**

Amount of Each Receipt this Period

4.62

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 349 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878942

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878935

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878944

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9878945

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878936

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Dave, , ,**Mailing Address 379 Hancock St  
Apt 8City  
BrooklynState  
NYZip Code  
11216-2440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875258

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

19.24

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878946

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878948

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878947

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 352 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 22    |   | 2025        |

**Transaction ID : 9878950**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 03    |   | 2025        |

**Transaction ID : 9878949**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 18    |   | 2025        |

**Transaction ID : 9878951**

Amount of Each Receipt this Period

9.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 353 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875226

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875227

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
BrooklynState  
NYZip Code  
11216-2415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875228

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Browne, Janea, , ,**

Mailing Address 308 Macon St

City  
Brooklyn

State  
NY

Zip Code  
11216-2415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

**12 / 12 / 2025**

**Transaction ID : 9875230**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bruce, Cedric, , ,**

Mailing Address 325 Lembeck Ave

City  
Jersey City

State  
NJ

Zip Code  
07305-1837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**07 / 02 / 2025**

**Transaction ID : 9881679**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bruce, Cedric, , ,**

Mailing Address 325 Lembeck Ave

City  
Jersey City

State  
NJ

Zip Code  
07305-1837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**08 / 05 / 2025**

**Transaction ID : 9881680**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

49.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bruce, Cedric, , ,**

Mailing Address 325 Lembeck Ave

City  
Jersey City

State  
NJ

Zip Code  
07305-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 09 / 2025

**Transaction ID : 9873958**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bruce, Cedric, , ,**

Mailing Address 325 Lembeck Ave

City  
Jersey City

State  
NJ

Zip Code  
07305-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 09 / 2025

**Transaction ID : 9881678**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bruno, Gladys, , ,**

Mailing Address 726 52nd St

City  
Brooklyn

State  
NY

Zip Code  
11220-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 18 / 2025

**Transaction ID : 9878961**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 356 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bruno, Gladys, , ,**

Mailing Address 726 52nd St

City  
BrooklynState  
NYZip Code  
11220-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9878962

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bruno, Gladys, , ,**

Mailing Address 726 52nd St

City  
BrooklynState  
NYZip Code  
11220-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9878963

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bruno, Gladys, , ,**

Mailing Address 726 52nd St

City  
BrooklynState  
NYZip Code  
11220-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878964

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bruno, Gladys, , ,**

Mailing Address 726 52nd St

City  
BrooklynState  
NYZip Code  
11220-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876839

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bruno, Gladys, , ,**

Mailing Address 726 52nd St

City  
BrooklynState  
NYZip Code  
11220-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9878960

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brusilovskaya, Inna, , ,**Mailing Address 3405 Neptune Ave  
Apt 2149City  
BrooklynState  
NYZip Code  
11224-5023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878985

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 358 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brusilovskaya, Inna, , ,**Mailing Address 3405 Neptune Ave  
Apt 2149City  
BrooklynState  
NYZip Code  
11224-5023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9878984

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brusilovskaya, Inna, , ,**Mailing Address 3405 Neptune Ave  
Apt 2149City  
BrooklynState  
NYZip Code  
11224-5023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875680

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brusilovskaya, Inna, , ,**Mailing Address 3405 Neptune Ave  
Apt 2149City  
BrooklynState  
NYZip Code  
11224-5023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875681

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brutus, Randall, , ,**

Mailing Address 144 Madison Ave

City  
AmityvilleState  
NYZip Code  
11701-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880105

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brutus, Randall, , ,**

Mailing Address 144 Madison Ave

City  
AmityvilleState  
NYZip Code  
11701-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880106

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brutus, Randall, , ,**

Mailing Address 144 Madison Ave

City  
AmityvilleState  
NYZip Code  
11701-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880107

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brutus, Randall, , ,**

Mailing Address 144 Madison Ave

City  
AmityvilleState  
NYZip Code  
11701-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880108

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brutus, Randall, , ,**

Mailing Address 144 Madison Ave

City  
AmityvilleState  
NYZip Code  
11701-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873433

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brutus, Randall, , ,**

Mailing Address 144 Madison Ave

City  
AmityvilleState  
NYZip Code  
11701-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880104

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

51.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryan, Annette, , ,**

Mailing Address 27 Hoover Dr

City  
MiddletownState  
NYZip Code  
10940-4651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878459

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryan, Annette, , ,**

Mailing Address 27 Hoover Dr

City  
MiddletownState  
NYZip Code  
10940-4651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878460

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryan, Annette, , ,**

Mailing Address 27 Hoover Dr

City  
MiddletownState  
NYZip Code  
10940-4651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9878461

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryan, Annette, , ,**

Mailing Address 27 Hoover Dr

City  
MiddletownState  
NYZip Code  
10940-4651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9875193

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryan, Annette, , ,**

Mailing Address 27 Hoover Dr

City  
MiddletownState  
NYZip Code  
10940-4651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875194

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryan, Annette, , ,**

Mailing Address 27 Hoover Dr

City  
MiddletownState  
NYZip Code  
10940-4651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875195

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryan, Jessie, , ,**Mailing Address 481 Marion St  
Apt 1City  
BrooklynState  
NYZip Code  
11233-5862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879087

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryan, Jessie, , ,**Mailing Address 481 Marion St  
Apt 1City  
BrooklynState  
NYZip Code  
11233-5862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879088

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryan, Jessie, , ,**Mailing Address 481 Marion St  
Apt 1City  
BrooklynState  
NYZip Code  
11233-5862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879089

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 364 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryan, Jessie, , ,**Mailing Address 481 Marion St  
Apt 1City  
BrooklynState  
NYZip Code  
11233-5862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875270

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryan, Jessie, , ,**Mailing Address 481 Marion St  
Apt 1City  
BrooklynState  
NYZip Code  
11233-5862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875271

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryan, Jessie, , ,**Mailing Address 481 Marion St  
Apt 1City  
BrooklynState  
NYZip Code  
11233-5862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875272

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 365 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryant, Juanita, , ,**

Mailing Address 760 NW 83rd Ter

City  
MiamiState  
FLZip Code  
33150-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9874119

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryant, Juanita, , ,**

Mailing Address 760 NW 83rd Ter

City  
MiamiState  
FLZip Code  
33150-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9874122

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryant, Juanita, , ,**

Mailing Address 760 NW 83rd Ter

City  
MiamiState  
FLZip Code  
33150-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882129

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryant, Juanita, , ,**

Mailing Address 760 NW 83rd Ter

City  
Miami

State  
FL

Zip Code  
33150-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 23 / 2025

Transaction ID : 9874123

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryant, Juanita, , ,**

Mailing Address 760 NW 83rd Ter

City  
Miami

State  
FL

Zip Code  
33150-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 23 / 2025

Transaction ID : 9874124

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryant, Juanita, , ,**

Mailing Address 760 NW 83rd Ter

City  
Miami

State  
FL

Zip Code  
33150-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 23 / 2025

Transaction ID : 9874125

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bryant, Juanita, , ,

Mailing Address 760 NW 83rd Ter

City  
MiamiState  
FLZip Code  
33150-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874120

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bryant, Juanita, , ,

Mailing Address 760 NW 83rd Ter

City  
MiamiState  
FLZip Code  
33150-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874121

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bryant, Juanita, , ,

Mailing Address 760 NW 83rd Ter

City  
MiamiState  
FLZip Code  
33150-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874126

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryant, Sandra, , ,**

Mailing Address 3456 13th Ave S

City  
Saint PetersburgState  
FLZip Code  
33711-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882332

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryant, Sandra, , ,**

Mailing Address 3456 13th Ave S

City  
Saint PetersburgState  
FLZip Code  
33711-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9882333

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryant, Sandra, , ,**

Mailing Address 3456 13th Ave S

City  
Saint PetersburgState  
FLZip Code  
33711-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882334

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryant, Sandra, , ,**

Mailing Address 3456 13th Ave S

City  
Saint Petersburg

State  
FL

Zip Code  
33711-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9874089**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bryant, Sandra, , ,**

Mailing Address 3456 13th Ave S

City  
Saint Petersburg

State  
FL

Zip Code  
33711-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9874090**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bryant, Sandra, , ,**

Mailing Address 3456 13th Ave S

City  
Saint Petersburg

State  
FL

Zip Code  
33711-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9882331**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buback, Elliot, , ,

Mailing Address 1997 Spring Shower Cir

City  
KissimmeeState  
FLZip Code  
34744-6391FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882410

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buback, Elliot, , ,

Mailing Address 1997 Spring Shower Cir

City  
KissimmeeState  
FLZip Code  
34744-6391FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882411

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buback, Elliot, , ,

Mailing Address 1997 Spring Shower Cir

City  
KissimmeeState  
FLZip Code  
34744-6391FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882412

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Buback, Elliot, , ,**

Mailing Address 1997 Spring Shower Cir

City  
Kissimmee

State  
FL

Zip Code  
34744-6391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9882413**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Buback, Elliot, , ,**

Mailing Address 1997 Spring Shower Cir

City  
Kissimmee

State  
FL

Zip Code  
34744-6391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

**Transaction ID : 9882414**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buback, Elliot, , ,**

Mailing Address 1997 Spring Shower Cir

City  
Kissimmee

State  
FL

Zip Code  
34744-6391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

**Transaction ID : 9875155**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 372 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                          |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Buback, Elliot, , ,</b>                |             |                                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 21 / 2025<br><b>Transaction ID : 9882409</b> |  |
| Mailing Address 1997 Spring Shower Cir                                                                                          |             |                                                          | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Kissimmee                                                                                                               | State<br>FL | Zip Code<br>34744-6391                                   | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                          |                                                                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida Osceola Hospital                                                               |             | Occupation (for Individual)<br>Transporter               |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>210.00                       |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Bucknor, Omar, , ,</b>                 |             |                                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 10 / 2025<br><b>Transaction ID : 9878383</b> |  |
| Mailing Address 760 Bronx River Rd<br>Apt A63                                                                                   |             |                                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronxville                                                                                                              | State<br>NY | Zip Code<br>10708-6987                                   | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                          |                                                                                                     |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>RESPIRATORY THERAPIST-REG |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                       |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Bucknor, Omar, , ,</b>                 |             |                                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 15 / 2025<br><b>Transaction ID : 9878384</b> |  |
| Mailing Address 760 Bronx River Rd<br>Apt A63                                                                                   |             |                                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronxville                                                                                                              | State<br>NY | Zip Code<br>10708-6987                                   | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                          |                                                                                                     |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>RESPIRATORY THERAPIST-REG |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                       |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                          | 50.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                          |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 373 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bucknor, Omar, , ,**Mailing Address 760 Bronx River Rd  
Apt A63City  
BronxvilleState  
NYZip Code  
10708-6987FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878385

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bucknor, Omar, , ,**Mailing Address 760 Bronx River Rd  
Apt A63City  
BronxvilleState  
NYZip Code  
10708-6987FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878386

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bucknor, Omar, , ,**Mailing Address 760 Bronx River Rd  
Apt A63City  
BronxvilleState  
NYZip Code  
10708-6987FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876360

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 374 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bucknor, Omar, , ,**Mailing Address 760 Bronx River Rd  
Apt A63City  
BronxvilleState  
NYZip Code  
10708-6987FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876361

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
KingstonState  
NYZip Code  
12401-8808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880385

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
KingstonState  
NYZip Code  
12401-8808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880386

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2025

Transaction ID : 9880387

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

MM / DD / YYYY  
08 / 20 / 2025

Transaction ID : 9880388

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2025

Transaction ID : 9880389

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 376 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
KingstonState  
NYZip Code  
12401-8808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880391

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
KingstonState  
NYZip Code  
12401-8808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9880390

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
KingstonState  
NYZip Code  
12401-8808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873802

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

27.72

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9873803**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9873804**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9873805**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 12 / 2025

Transaction ID : 9873806

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bunt, Karin, , ,**

Mailing Address 523 Lakeview Ter

City  
Kingston

State  
NY

Zip Code  
12401-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
OB ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 29 / 2025

Transaction ID : 9873807

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burke, Brian, , ,**

Mailing Address 209 W 118th St  
Apt 5D

City  
New York

State  
NY

Zip Code  
10026-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CUSTOMER SERVICES LIAISON III PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9877174

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

43.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burke, Brian, , ,**Mailing Address 209 W 118th St  
Apt 5DCity  
New YorkState  
NYZip Code  
10026-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON III P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877175

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burke, Brian, , ,**Mailing Address 209 W 118th St  
Apt 5DCity  
New YorkState  
NYZip Code  
10026-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON III P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876323

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burke, Brian, , ,**Mailing Address 209 W 118th St  
Apt 5DCity  
New YorkState  
NYZip Code  
10026-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON III P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876324

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burke, Brian, , ,**Mailing Address 209 W 118th St  
Apt 5DCity  
New YorkState  
NYZip Code  
10026-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON III P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876325

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burke, Brian, , ,**Mailing Address 209 W 118th St  
Apt 5DCity  
New YorkState  
NYZip Code  
10026-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON III P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876326

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burkes, Melba, , ,**Mailing Address 591 Prospect Pl  
Apt B1City  
BrooklynState  
NYZip Code  
11238-4226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879229

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 381 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|-------|---|---------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name                                                 |             | Date of Receipt                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| <b>A. Burkes, Melba, , ,</b>                                                                                                    |             | <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td>08</td><td></td><td>07</td><td></td><td>2025</td></tr></table> | M M M | /             | D D D | / | Y Y Y Y Y Y Y | 08 |  | 07 |  | 2025 |
| M M M                                                                                                                           | /           | D D D                                                                                                                                                                   | /     | Y Y Y Y Y Y Y |       |   |               |    |  |    |  |      |
| 08                                                                                                                              |             | 07                                                                                                                                                                      |       | 2025          |       |   |               |    |  |    |  |      |
| Mailing Address 591 Prospect Pl<br>Apt B1                                                                                       |             | <b>Transaction ID : 9879230</b>                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11238-4226                                                                                                                                                  |       |               |       |   |               |    |  |    |  |      |
| FEC ID number of contributing federal political committee.                                                                      |             | Amount of Each Receipt this Period                                                                                                                                      |       |               |       |   |               |    |  |    |  |      |
| C                                                                                                                               |             | 20.00                                                                                                                                                                   |       |               |       |   |               |    |  |    |  |      |
| Name of Employer (for Individual)<br>Center For Nursing Rehab                                                                   |             | <input type="checkbox"/> Memo Item                                                                                                                                      |       |               |       |   |               |    |  |    |  |      |
| Occupation (for Individual)<br>Certified Nurses Aide                                                                            |             |                                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼                                                                                                                                                |       |               |       |   |               |    |  |    |  |      |
|                                                                                                                                 |             | 240.00                                                                                                                                                                  |       |               |       |   |               |    |  |    |  |      |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name                                                 |             | Date of Receipt                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| <b>B. Burkes, Melba, , ,</b>                                                                                                    |             | <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td>09</td><td></td><td>11</td><td></td><td>2025</td></tr></table> | M M M | /             | D D D | / | Y Y Y Y Y Y Y | 09 |  | 11 |  | 2025 |
| M M M                                                                                                                           | /           | D D D                                                                                                                                                                   | /     | Y Y Y Y Y Y Y |       |   |               |    |  |    |  |      |
| 09                                                                                                                              |             | 11                                                                                                                                                                      |       | 2025          |       |   |               |    |  |    |  |      |
| Mailing Address 591 Prospect Pl<br>Apt B1                                                                                       |             | <b>Transaction ID : 9879231</b>                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11238-4226                                                                                                                                                  |       |               |       |   |               |    |  |    |  |      |
| FEC ID number of contributing federal political committee.                                                                      |             | Amount of Each Receipt this Period                                                                                                                                      |       |               |       |   |               |    |  |    |  |      |
| C                                                                                                                               |             | 20.00                                                                                                                                                                   |       |               |       |   |               |    |  |    |  |      |
| Name of Employer (for Individual)<br>Center For Nursing Rehab                                                                   |             | <input type="checkbox"/> Memo Item                                                                                                                                      |       |               |       |   |               |    |  |    |  |      |
| Occupation (for Individual)<br>Certified Nurses Aide                                                                            |             |                                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼                                                                                                                                                |       |               |       |   |               |    |  |    |  |      |
|                                                                                                                                 |             | 240.00                                                                                                                                                                  |       |               |       |   |               |    |  |    |  |      |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name                                                 |             | Date of Receipt                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| <b>C. Burkes, Melba, , ,</b>                                                                                                    |             | <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td>10</td><td></td><td>08</td><td></td><td>2025</td></tr></table> | M M M | /             | D D D | / | Y Y Y Y Y Y Y | 10 |  | 08 |  | 2025 |
| M M M                                                                                                                           | /           | D D D                                                                                                                                                                   | /     | Y Y Y Y Y Y Y |       |   |               |    |  |    |  |      |
| 10                                                                                                                              |             | 08                                                                                                                                                                      |       | 2025          |       |   |               |    |  |    |  |      |
| Mailing Address 591 Prospect Pl<br>Apt B1                                                                                       |             | <b>Transaction ID : 9879232</b>                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11238-4226                                                                                                                                                  |       |               |       |   |               |    |  |    |  |      |
| FEC ID number of contributing federal political committee.                                                                      |             | Amount of Each Receipt this Period                                                                                                                                      |       |               |       |   |               |    |  |    |  |      |
| C                                                                                                                               |             | 20.00                                                                                                                                                                   |       |               |       |   |               |    |  |    |  |      |
| Name of Employer (for Individual)<br>Center For Nursing Rehab                                                                   |             | <input type="checkbox"/> Memo Item                                                                                                                                      |       |               |       |   |               |    |  |    |  |      |
| Occupation (for Individual)<br>Certified Nurses Aide                                                                            |             |                                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼                                                                                                                                                |       |               |       |   |               |    |  |    |  |      |
|                                                                                                                                 |             | 240.00                                                                                                                                                                  |       |               |       |   |               |    |  |    |  |      |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                                                                                                   |       |               |       |   |               |    |  |    |  |      |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                                                                                         |       |               |       |   |               |    |  |    |  |      |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burkes, Melba, , ,**Mailing Address 591 Prospect Pl  
Apt B1City  
BrooklynState  
NYZip Code  
11238-4226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875832

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burkes, Melba, , ,**Mailing Address 591 Prospect Pl  
Apt B1City  
BrooklynState  
NYZip Code  
11238-4226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9875833

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burton, Tishana, , ,**

Mailing Address 112 Park Ave

City  
YonkersState  
NYZip Code  
10703-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878329

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burton, Tishana, , ,**

Mailing Address 112 Park Ave

City  
YonkersState  
NYZip Code  
10703-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878331

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burton, Tishana, , ,**

Mailing Address 112 Park Ave

City  
YonkersState  
NYZip Code  
10703-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9878332

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burton, Tishana, , ,**

Mailing Address 112 Park Ave

City  
YonkersState  
NYZip Code  
10703-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9876382

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burton, Tishana, , ,**

Mailing Address 112 Park Ave

City  
YonkersState  
NYZip Code  
10703-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878328

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burton, Tishana, , ,**

Mailing Address 112 Park Ave

City  
YonkersState  
NYZip Code  
10703-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876383

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880646

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.20



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 385 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880647

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880648

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880649

Amount of Each Receipt this Period

9.20

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 20    |   | 2025        |

Transaction ID : 9880651

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 17    |   | 2025        |

Transaction ID : 9880650

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.40

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 30    |   | 2025        |

Transaction ID : 9880652

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9880653

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9880654

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880655

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874787

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bush, Julie, , ,**

Mailing Address 661 Yankee Street Rd

City  
OgdensburgState  
NYZip Code  
13669-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claxton-Hepburn Medical CenterOccupation (for Individual)  
TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9880645

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Butler, Ailia, , ,**Mailing Address 3124 19th Ave S  
Apt ACity  
Saint PetersburgState  
FLZip Code  
33712-2905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9881484

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 389 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Butler, Ailia, , ,**Mailing Address 3124 19th Ave S  
Apt ACity  
Saint PetersburgState  
FLZip Code  
33712-2905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9881485

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Butler, Ailia, , ,**Mailing Address 3124 19th Ave S  
Apt ACity  
Saint PetersburgState  
FLZip Code  
33712-2905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9881483

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Butler, Ailia, , ,**Mailing Address 3124 19th Ave S  
Apt ACity  
Saint PetersburgState  
FLZip Code  
33712-2905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg HospitalOccupation (for Individual)  
Operating Room Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874237

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Butler, Cuty, , ,**

Mailing Address 17742 Ursina Rd

City  
JamaicaState  
NYZip Code  
11434-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879643

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Butler, Cuty, , ,**

Mailing Address 17742 Ursina Rd

City  
JamaicaState  
NYZip Code  
11434-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9879644

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Butler, Cuty, , ,**

Mailing Address 17742 Ursina Rd

City  
JamaicaState  
NYZip Code  
11434-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2025

Transaction ID : 9879645

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 391 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Butler, Cuty, , ,**

Mailing Address 17742 Ursina Rd

City  
JamaicaState  
NYZip Code  
11434-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9879646

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Butler, Cuty, , ,**

Mailing Address 17742 Ursina Rd

City  
JamaicaState  
NYZip Code  
11434-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9875631

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Butler, Cuty, , ,**

Mailing Address 17742 Ursina Rd

City  
JamaicaState  
NYZip Code  
11434-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9879642

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 392 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                             |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Caballero, Janell, , ,</b>             |             |                                                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 02 / 2025<br><b>Transaction ID : 9877709</b> |  |
| Mailing Address 1932 Bryant Ave<br>Apt 14R                                                                                      |             |                                                             | Amount of Each Receipt this Period<br>20.00                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10460-4592                                      | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                             |                                                                                                 |  |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>Medical Office Assistant-STL |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                          |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Caballero, Janell, , ,</b>             |             |                                                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 08 / 2025<br><b>Transaction ID : 9877710</b> |  |
| Mailing Address 1932 Bryant Ave<br>Apt 14R                                                                                      |             |                                                             | Amount of Each Receipt this Period<br>20.00                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10460-4592                                      | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                             |                                                                                                 |  |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>Medical Office Assistant-STL |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                          |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Caballero, Janell, , ,</b>             |             |                                                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 03 / 2025<br><b>Transaction ID : 9877711</b> |  |
| Mailing Address 1932 Bryant Ave<br>Apt 14R                                                                                      |             |                                                             | Amount of Each Receipt this Period<br>20.00                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10460-4592                                      | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                             |                                                                                                 |  |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>Medical Office Assistant-STL |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                          |                                                                                                 |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                             | 60.00                                                                                           |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                             |                                                                                                 |  |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caballero, Janell, , ,**Mailing Address 1932 Bryant Ave  
Apt 14RCity  
BronxState  
NYZip Code  
10460-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Medical Office Assistant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9877712

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caballero, Janell, , ,**Mailing Address 1932 Bryant Ave  
Apt 14RCity  
BronxState  
NYZip Code  
10460-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Medical Office Assistant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875865

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caballero, Janell, , ,**Mailing Address 1932 Bryant Ave  
Apt 14RCity  
BronxState  
NYZip Code  
10460-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Medical Office Assistant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875866

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caban, Ada, , ,**

Mailing Address 1016 Huntington Ave

Null

City  
BronxState  
NYZip Code  
10465-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877788

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caban, Ada, , ,**

Mailing Address 1016 Huntington Ave

Null

City  
BronxState  
NYZip Code  
10465-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877789

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caban, Ada, , ,**

Mailing Address 1016 Huntington Ave

Null

City  
BronxState  
NYZip Code  
10465-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877790

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 395 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caban, Ada, , ,**Mailing Address 1016 Huntington Ave  
NullCity  
BronxState  
NYZip Code  
10465-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877791

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caban, Ada, , ,**Mailing Address 1016 Huntington Ave  
NullCity  
BronxState  
NYZip Code  
10465-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9874852

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caban, Ada, , ,**Mailing Address 1016 Huntington Ave  
NullCity  
BronxState  
NYZip Code  
10465-1944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9877787

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882171

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882173

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882174

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9882176

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9882175

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9882177

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2025

Transaction ID : 9876755

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9882172

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cadet, Marie Lucienne, , ,**

Mailing Address 12215 NW 18th Pl

City  
MiamiState  
FLZip Code  
33167-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Azure ShoreOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9876756

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 399 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cadet, Marie, , ,**

Mailing Address 14727 225th St

City  
Springfield GardensState  
NYZip Code  
11413-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9876467

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cadet, Marie, , ,**

Mailing Address 14727 225th St

City  
Springfield GardensState  
NYZip Code  
11413-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876468

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cadet, Marie, , ,**

Mailing Address 14727 225th St

City  
Springfield GardensState  
NYZip Code  
11413-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9876465

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 400 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cadet, Marie, , ,**

Mailing Address 14727 225th St

City  
Springfield GardensState  
NYZip Code  
11413-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876466

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cadet, Marie, , ,**

Mailing Address 14727 225th St

City  
Springfield GardensState  
NYZip Code  
11413-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876469

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calderon Diaz, Saira, , ,**

Mailing Address 10 E Grove Ave

City  
WoodbridgeState  
NJZip Code  
07095-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
SENIOR MEDICAL RECORDS CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881653

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 401 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calderon Diaz, Saira, , ,**

Mailing Address 10 E Grove Ave

City  
WoodbridgeState  
NJZip Code  
07095-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
SENIOR MEDICAL RECORDS CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9876515

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calderon Diaz, Saira, , ,**

Mailing Address 10 E Grove Ave

City  
WoodbridgeState  
NJZip Code  
07095-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
SENIOR MEDICAL RECORDS CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876516

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calderon Diaz, Saira, , ,**

Mailing Address 10 E Grove Ave

City  
WoodbridgeState  
NJZip Code  
07095-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
SENIOR MEDICAL RECORDS CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9876517

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calderon Diaz, Saira, , ,**

Mailing Address 10 E Grove Ave

City  
WoodbridgeState  
NJZip Code  
07095-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
SENIOR MEDICAL RECORDS CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876518

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calderon Diaz, Saira, , ,**

Mailing Address 10 E Grove Ave

City  
WoodbridgeState  
NJZip Code  
07095-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
SENIOR MEDICAL RECORDS CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876519

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caleb, Quincy, , ,**Mailing Address 285 Hawthorne St  
Apt 103City  
BrooklynState  
NYZip Code  
11225-5947FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Maintenance Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9876101

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 403 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caleb, Quincy, , ,**Mailing Address 285 Hawthorne St  
Apt 103City  
BrooklynState  
NYZip Code  
11225-5947FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Maintenance Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9878996

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882035

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9882036

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 404 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9882034

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882037

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9882038

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9882039

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9882040

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm BayState  
FLZip Code  
32909-5915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm BayOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9882033

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm Bay

State  
FL

Zip Code  
32909-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm Bay

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9876385**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calixte, Thony, , ,**

Mailing Address 1592 Welland St SE

City  
Palm Bay

State  
FL

Zip Code  
32909-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Palm Bay

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9882032**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Callender, Kiara, , ,**

Mailing Address 195 Steuben St  
Apt 6E

City  
Staten Island

State  
NY

Zip Code  
10304-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9877383**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 407 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Callender, Kiara, , ,**Mailing Address 195 Steuben St  
Apt 6ECity  
Staten IslandState  
NYZip Code  
10304-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877384

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Callender, Kiara, , ,**Mailing Address 195 Steuben St  
Apt 6ECity  
Staten IslandState  
NYZip Code  
10304-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877385

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Callender, Kiara, , ,**Mailing Address 195 Steuben St  
Apt 6ECity  
Staten IslandState  
NYZip Code  
10304-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877386

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 408 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Callender, Kiara, , ,**Mailing Address 195 Steuben St  
Apt 6ECity  
Staten IslandState  
NYZip Code  
10304-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873581

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Callender, Kiara, , ,**Mailing Address 195 Steuben St  
Apt 6ECity  
Staten IslandState  
NYZip Code  
10304-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873582

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calliste, Essence, , ,**Mailing Address 663 New Jersey Ave  
Apt 2RCity  
BrooklynState  
NYZip Code  
11207-6452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCEDL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9878743

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calliste, Essence, , ,**Mailing Address 663 New Jersey Ave  
Apt 2RCity  
BrooklynState  
NYZip Code  
11207-6452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878744

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calliste, Essence, , ,**Mailing Address 663 New Jersey Ave  
Apt 2RCity  
BrooklynState  
NYZip Code  
11207-6452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9878745

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calliste, Essence, , ,**Mailing Address 663 New Jersey Ave  
Apt 2RCity  
BrooklynState  
NYZip Code  
11207-6452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875717

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 410 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Calliste, Essence, , ,**Mailing Address 663 New Jersey Ave  
Apt 2RCity  
BrooklynState  
NYZip Code  
11207-6452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCEDU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875718

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Camejo, Xavier, , ,**Mailing Address 630 W 173rd St  
Apt 1CCity  
New YorkState  
NYZip Code  
10032-1414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877261

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camejo, Xavier, , ,**Mailing Address 630 W 173rd St  
Apt 1CCity  
New YorkState  
NYZip Code  
10032-1414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877262

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 411 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camejo, Xavier, , ,**Mailing Address 630 W 173rd St  
Apt 1CCity  
New YorkState  
NYZip Code  
10032-1414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877263

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Camejo, Xavier, , ,**Mailing Address 630 W 173rd St  
Apt 1CCity  
New YorkState  
NYZip Code  
10032-1414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9877264

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camejo, Xavier, , ,**Mailing Address 630 W 173rd St  
Apt 1CCity  
New YorkState  
NYZip Code  
10032-1414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876613

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 412 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camejo, Xavier, , ,**Mailing Address 630 W 173rd St  
Apt 1CCity  
New YorkState  
NYZip Code  
10032-1414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876593

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Gretha, , ,**Mailing Address 720 E 221st St  
Apt 3ECity  
BronxState  
NYZip Code  
10467-4455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882501

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Gretha, , ,**Mailing Address 720 E 221st St  
Apt 3ECity  
BronxState  
NYZip Code  
10467-4455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882502

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 413 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Gretha, , ,**Mailing Address 720 E 221st St  
Apt 3ECity  
BronxState  
NYZip Code  
10467-4455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882503

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Gretha, , ,**Mailing Address 720 E 221st St  
Apt 3ECity  
BronxState  
NYZip Code  
10467-4455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882504

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Gretha, , ,**Mailing Address 720 E 221st St  
Apt 3ECity  
BronxState  
NYZip Code  
10467-4455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875460

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 414 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Gretha, , ,**Mailing Address 720 E 221st St  
Apt 3ECity  
BronxState  
NYZip Code  
10467-4455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875461

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Michael, , ,**

Mailing Address 14709 235th St

City  
RosedaleState  
NYZip Code  
11422-3236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Emergency Services Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879582

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Michael, , ,**

Mailing Address 14709 235th St

City  
RosedaleState  
NYZip Code  
11422-3236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Emergency Services Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874257

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Michael, , ,**

Mailing Address 14709 235th St

City  
Rosedale

State  
NY

Zip Code  
11422-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility

Occupation (for Individual)  
Emergency Services Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 26 / 2025

**Transaction ID : 9879580**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Michael, , ,**

Mailing Address 14709 235th St

City  
Rosedale

State  
NY

Zip Code  
11422-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility

Occupation (for Individual)  
Emergency Services Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9874258**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Michael, , ,**

Mailing Address 14709 235th St

City  
Rosedale

State  
NY

Zip Code  
11422-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility

Occupation (for Individual)  
Emergency Services Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 24 / 2025

**Transaction ID : 9879581**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 416 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Sophia, , ,**

Mailing Address 344 Church St

City

Poughkeepsie

State

NY

Zip Code

12601-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9880574

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Sophia, , ,**

Mailing Address 344 Church St

City

Poughkeepsie

State

NY

Zip Code

12601-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9880575

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Sophia, , ,**

Mailing Address 344 Church St

City

Poughkeepsie

State

NY

Zip Code

12601-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9880576

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 417 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Sophia, , ,**

Mailing Address 344 Church St

City

Poughkeepsie

State

NY

Zip Code

12601-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 02    |   | 2025        |

Transaction ID : 9880577

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Sophia, , ,**

Mailing Address 344 Church St

City

Poughkeepsie

State

NY

Zip Code

12601-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 06    |   | 2025        |

Transaction ID : 9875802

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Sophia, , ,**

Mailing Address 344 Church St

City

Poughkeepsie

State

NY

Zip Code

12601-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 10    |   | 2025        |

Transaction ID : 9875803

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Tameka, , ,**

Mailing Address 14620 225th St

City  
Springfield GardensState  
NYZip Code  
11413-3850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Cashier/Food Svc Aide (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874303

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Tameka, , ,**

Mailing Address 14620 225th St

City  
Springfield GardensState  
NYZip Code  
11413-3850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Cashier/Food Svc Aide (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874304

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Tameka, , ,**

Mailing Address 14620 225th St

City  
Springfield GardensState  
NYZip Code  
11413-3850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Cashier/Food Svc Aide (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874305

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Tameka, , ,**

Mailing Address 14620 225th St

City  
Springfield Gardens

State  
NY

Zip Code  
11413-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Cashier/Food Svc Aide (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9874306**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Tameka, , ,**

Mailing Address 14620 225th St

City  
Springfield Gardens

State  
NY

Zip Code  
11413-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Cashier/Food Svc Aide (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9874307**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Tameka, , ,**

Mailing Address 14620 225th St

City  
Springfield Gardens

State  
NY

Zip Code  
11413-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Cashier/Food Svc Aide (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874308**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Tracey, , ,**

Mailing Address 178 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877364

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Tracey, , ,**

Mailing Address 178 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877365

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Tracey, , ,**

Mailing Address 178 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877366

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 421 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, Tracey, , ,**

Mailing Address 178 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877367

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Tracey, , ,**

Mailing Address 178 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873577

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Tracey, , ,**

Mailing Address 178 Van Name Ave

City  
Staten IslandState  
NYZip Code  
10303-2518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873578

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campollo, Daniel, , ,**Mailing Address 1 S 1st St  
Apt 33FCity  
BrooklynState  
NYZip Code  
11249-4315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Speech Language Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875600

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campollo, Daniel, , ,**Mailing Address 1 S 1st St  
Apt 33FCity  
BrooklynState  
NYZip Code  
11249-4315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Speech Language Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9875601

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881474

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camponeschi, Alyssa, , ,**

Mailing Address 2853 Cowan Ave  
Apt A

City  
Corning

State  
NY

Zip Code  
14830-9170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881476

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Camponeschi, Alyssa, , ,**

Mailing Address 2853 Cowan Ave  
Apt A

City  
Corning

State  
NY

Zip Code  
14830-9170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881475

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camponeschi, Alyssa, , ,**

Mailing Address 2853 Cowan Ave  
Apt A

City  
Corning

State  
NY

Zip Code  
14830-9170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881479

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881480

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881478

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9881481

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 425 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881482

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876511

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876510

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9876513

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9876512

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Camponeschi, Alyssa, , ,**Mailing Address 2853 Cowan Ave  
Apt ACity  
CorningState  
NYZip Code  
14830-9170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9876514

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 427 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Candelario Abinader, Wilber, , ,**

Mailing Address 1564 Park Pl

City  
BrooklynState  
NYZip Code  
11213-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Dental Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874907

Amount of Each Receipt this Period

27.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Candelario Abinader, Wilber, , ,**

Mailing Address 1564 Park Pl

City  
BrooklynState  
NYZip Code  
11213-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Dental Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9874908

Amount of Each Receipt this Period

27.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Candelario Abinader, Wilber, , ,**

Mailing Address 1564 Park Pl

City  
BrooklynState  
NYZip Code  
11213-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Dental Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874909

Amount of Each Receipt this Period

27.68

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.04

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 428 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Candelario Abinader, Wilber, , ,**

Mailing Address 1564 Park Pl

City  
BrooklynState  
NYZip Code  
11213-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Dental Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9874910

Amount of Each Receipt this Period

27.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Candelario Abinader, Wilber, , ,**

Mailing Address 1564 Park Pl

City  
BrooklynState  
NYZip Code  
11213-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Dental Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874911

Amount of Each Receipt this Period

27.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Candelario Abinader, Wilber, , ,**

Mailing Address 1564 Park Pl

City  
BrooklynState  
NYZip Code  
11213-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Dental Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874906

Amount of Each Receipt this Period

41.52

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 429 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canela, Ruddys, , ,**

Mailing Address 150 Smith St

City  
Freeport

State  
NY

Zip Code  
11520-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills

Occupation (for Individual)  
Environmental Svcs Aide (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9879788**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Canela, Ruddys, , ,**

Mailing Address 150 Smith St

City  
Freeport

State  
NY

Zip Code  
11520-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills

Occupation (for Individual)  
Environmental Svcs Aide (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9879789**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Canela, Ruddys, , ,**

Mailing Address 150 Smith St

City  
Freeport

State  
NY

Zip Code  
11520-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills

Occupation (for Individual)  
Environmental Svcs Aide (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9879790**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 430 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canela, Ruddys, , ,**

Mailing Address 150 Smith St

City  
FreeportState  
NYZip Code  
11520-8012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Environmental Svcs Aide (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879791

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Canela, Ruddys, , ,**

Mailing Address 150 Smith St

City  
FreeportState  
NYZip Code  
11520-8012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Environmental Svcs Aide (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874569

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Canela, Ruddys, , ,**

Mailing Address 150 Smith St

City  
FreeportState  
NYZip Code  
11520-8012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Environmental Svcs Aide (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874570

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canty, Juanita, , ,**

Mailing Address 487 Hempstead Blvd

City  
UniondaleState  
NYZip Code  
11553-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879854

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Canty, Juanita, , ,**

Mailing Address 487 Hempstead Blvd

City  
UniondaleState  
NYZip Code  
11553-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879725

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Canty, Juanita, , ,**

Mailing Address 487 Hempstead Blvd

City  
UniondaleState  
NYZip Code  
11553-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9879852

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 432 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canty, Juanita, , ,**

Mailing Address 487 Hempstead Blvd

City  
UniondaleState  
NYZip Code  
11553-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879853

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Canty, Juanita, , ,**

Mailing Address 487 Hempstead Blvd

City  
UniondaleState  
NYZip Code  
11553-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876498

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
BrooklynState  
NYZip Code  
11203-5537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878708

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.23



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
BrooklynState  
NYZip Code  
11203-5537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878709

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
BrooklynState  
NYZip Code  
11203-5537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878710

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
BrooklynState  
NYZip Code  
11203-5537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878711

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
Brooklyn

State  
NY

Zip Code  
11203-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

09 / 03 / 2025

**Transaction ID : 9878712**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
Brooklyn

State  
NY

Zip Code  
11203-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

09 / 18 / 2025

**Transaction ID : 9875113**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
Brooklyn

State  
NY

Zip Code  
11203-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

09 / 29 / 2025

**Transaction ID : 9878713**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
Brooklyn

State  
NY

Zip Code  
11203-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

11 / 14 / 2025

**Transaction ID : 9875114**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
Brooklyn

State  
NY

Zip Code  
11203-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9875116**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cantzlaar, Phillipa, , ,**

Mailing Address 1278 Brooklyn Ave

City  
Brooklyn

State  
NY

Zip Code  
11203-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Medical Office Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9875115**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Captain, Anne, , ,**

Mailing Address 494 State Route 23

City  
ClaverackState  
NYZip Code  
12513-5144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Physical Therapist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880458

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Captain, Anne, , ,**

Mailing Address 494 State Route 23

City  
ClaverackState  
NYZip Code  
12513-5144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Physical Therapist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880459

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Captain, Anne, , ,**

Mailing Address 494 State Route 23

City  
ClaverackState  
NYZip Code  
12513-5144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Physical Therapist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9880457

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Captain, Anne, , ,**

Mailing Address 494 State Route 23

City  
ClaverackState  
NYZip Code  
12513-5144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Physical Therapist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9880460

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Captain, Anne, , ,**

Mailing Address 494 State Route 23

City  
ClaverackState  
NYZip Code  
12513-5144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Physical Therapist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880461

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Captain, Anne, , ,**

Mailing Address 494 State Route 23

City  
ClaverackState  
NYZip Code  
12513-5144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Physical Therapist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875955

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9875793

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879263

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879264

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 439 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9875794

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9875795

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9875796

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 440 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875797

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cardoza, Alex, , ,**

Mailing Address 24204 A Oak Park Dr

City  
DouglastonState  
NYZip Code  
11362-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875798

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carino, Denise, , ,**Mailing Address 751 E 187th St  
Apt 7City  
BronxState  
NYZip Code  
10458-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877679

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carino, Denise, , ,**

Mailing Address 751 E 187th St  
Apt 7

City  
Bronx

State  
NY

Zip Code  
10458-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
07 / 15 / 2025

**Transaction ID : 9877680**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carino, Denise, , ,**

Mailing Address 751 E 187th St  
Apt 7

City  
Bronx

State  
NY

Zip Code  
10458-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 02 / 2025

**Transaction ID : 9877681**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carino, Denise, , ,**

Mailing Address 751 E 187th St  
Apt 7

City  
Bronx

State  
NY

Zip Code  
10458-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2025

**Transaction ID : 9877682**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 442 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carino, Denise, , ,**Mailing Address 751 E 187th St  
Apt 7City  
BronxState  
NYZip Code  
10458-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877683

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carino, Denise, , ,**Mailing Address 751 E 187th St  
Apt 7City  
BronxState  
NYZip Code  
10458-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873816

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carino, Denise, , ,**Mailing Address 751 E 187th St  
Apt 7City  
BronxState  
NYZip Code  
10458-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877678

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caro, Jenny, , ,**Mailing Address 117 W 197th St  
# A24City  
BronxState  
NYZip Code  
10468-2326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Physical Therapist Assistant (PTA)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874871

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caro, Jenny, , ,**Mailing Address 117 W 197th St  
# A24City  
BronxState  
NYZip Code  
10468-2326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Physical Therapist Assistant (PTA)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874872

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carranza, Lillian, , ,**

Mailing Address 6540 SW 57th Pl

City  
South MiamiState  
FLZip Code  
33143-3685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875303

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 444 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carranza, Lillian, , ,**

Mailing Address 6540 SW 57th Pl

City  
South MiamiState  
FLZip Code  
33143-3685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875304

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carranza, Lillian, , ,**

Mailing Address 6540 SW 57th Pl

City  
South MiamiState  
FLZip Code  
33143-3685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875302

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carranza, Lillian, , ,**

Mailing Address 6540 SW 57th Pl

City  
South MiamiState  
FLZip Code  
33143-3685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875305

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carson, Jorera, , ,**Mailing Address 32 Touissant Ave  
NullCity  
YonkersState  
NYZip Code  
10710-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878402

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carson, Jorera, , ,**Mailing Address 32 Touissant Ave  
NullCity  
YonkersState  
NYZip Code  
10710-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878403

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carson, Jorera, , ,**Mailing Address 32 Touissant Ave  
NullCity  
YonkersState  
NYZip Code  
10710-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878404

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 446 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carson, Jorera, , ,**Mailing Address 32 Touissant Ave  
NullCity  
YonkersState  
NYZip Code  
10710-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9878405

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carson, Jorera, , ,**Mailing Address 32 Touissant Ave  
NullCity  
YonkersState  
NYZip Code  
10710-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878406

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carson, Jorera, , ,**Mailing Address 32 Touissant Ave  
NullCity  
YonkersState  
NYZip Code  
10710-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873787

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carson, Jorera, , ,**

Mailing Address 32 Touissant Ave  
Null

City  
Yonkers

State  
NY

Zip Code  
10710-5425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yonkers Gardens Center for Nursing & R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9878401**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carter, Artelia, , ,**

Mailing Address 509 W 142nd St  
Apt 4W

City  
New York

State  
NY

Zip Code  
10031-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Columbia University-Clerical Workers

Occupation (for Individual)

Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9877240**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carter, Artelia, , ,**

Mailing Address 509 W 142nd St  
Apt 4W

City  
New York

State  
NY

Zip Code  
10031-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Columbia University-Clerical Workers

Occupation (for Individual)

Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9877246**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877241

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877247

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9874111

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carter, Artelia, , ,**

Mailing Address 509 W 142nd St  
Apt 4W

City  
New York

State  
NY

Zip Code  
10031-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical Workers

Occupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2025

**Transaction ID : 9877242**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carter, Artelia, , ,**

Mailing Address 509 W 142nd St  
Apt 4W

City  
New York

State  
NY

Zip Code  
10031-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical Workers

Occupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2025

**Transaction ID : 9874112**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carter, Artelia, , ,**

Mailing Address 509 W 142nd St  
Apt 4W

City  
New York

State  
NY

Zip Code  
10031-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical Workers

Occupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2025

**Transaction ID : 9877243**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9874113

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9877244

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874114

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 451 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carter, Artelia, , ,**Mailing Address 509 W 142nd St  
Apt 4WCity  
New YorkState  
NYZip Code  
10031-6746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-Clerical WorkersOccupation (for Individual)  
Food Service Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9877245

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carty-Gustavius, Stacy-Ann, , ,**

Mailing Address 22008 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879499

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carty-Gustavius, Stacy-Ann, , ,**

Mailing Address 22008 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879500

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carty-Gustavius, Stacy-Ann, , ,**

Mailing Address 22008 137th Ave

City  
Springfield Gardens

State  
NY

Zip Code  
11413-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 15 / 2025

Transaction ID : 9879501

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carty-Gustavius, Stacy-Ann, , ,**

Mailing Address 22008 137th Ave

City  
Springfield Gardens

State  
NY

Zip Code  
11413-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9879502

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carty-Gustavius, Stacy-Ann, , ,**

Mailing Address 22008 137th Ave

City  
Springfield Gardens

State  
NY

Zip Code  
11413-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9874436

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 453 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carty-Gustavius, Stacy-Ann, , ,**

Mailing Address 22008 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879498

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carvajal, Briana, , ,**Mailing Address 190 E 206th St  
Apt 4GCity  
BronxState  
NYZip Code  
10458-1116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877657

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carvajal, Briana, , ,**Mailing Address 190 E 206th St  
Apt 4GCity  
BronxState  
NYZip Code  
10458-1116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877658

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 454 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carvajal, Briana, , ,**Mailing Address 190 E 206th St  
Apt 4GCity  
BronxState  
NYZip Code  
10458-1116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carvajal, Briana, , ,**Mailing Address 190 E 206th St  
Apt 4GCity  
BronxState  
NYZip Code  
10458-1116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9877660

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carvajal, Briana, , ,**Mailing Address 190 E 206th St  
Apt 4GCity  
BronxState  
NYZip Code  
10458-1116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876553

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carvajal, Briana, , ,**Mailing Address 190 E 206th St  
Apt 4GCity  
BronxState  
NYZip Code  
10458-1116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876554

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Casco, Janice, , ,**

Mailing Address 8548 98th St

City

Woodhaven

State

NY

Zip Code

11421-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876370

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casco, Janice, , ,**

Mailing Address 8548 98th St

City

Woodhaven

State

NY

Zip Code

11421-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876371

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 456 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casco, Janice, , ,**

Mailing Address 8548 98th St

City  
WoodhavenState  
NYZip Code  
11421-1730FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025**Transaction ID : 9876372**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Casco, Janice, , ,**

Mailing Address 8548 98th St

City  
WoodhavenState  
NYZip Code  
11421-1730FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025**Transaction ID : 9876373**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casco, Janice, , ,**

Mailing Address 8548 98th St

City  
WoodhavenState  
NYZip Code  
11421-1730FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025**Transaction ID : 9876374**

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 457 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casco, Janice, , ,**

Mailing Address 8548 98th St

City  
WoodhavenState  
NYZip Code  
11421-1730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876375

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Casey-Lewis, Allison, , ,**

Mailing Address 121 Louis Ave

City  
ElmontState  
NYZip Code  
11003-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878574

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casey-Lewis, Allison, , ,**

Mailing Address 121 Louis Ave

City  
ElmontState  
NYZip Code  
11003-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878575

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casey-Lewis, Allison, , ,**

Mailing Address 121 Louis Ave

City  
ElmontState  
NYZip Code  
11003-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878576

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Casey-Lewis, Allison, , ,**

Mailing Address 121 Louis Ave

City  
ElmontState  
NYZip Code  
11003-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9878577

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casey-Lewis, Allison, , ,**

Mailing Address 121 Louis Ave

City  
ElmontState  
NYZip Code  
11003-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874290

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 459 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casey-Lewis, Allison, , ,**

Mailing Address 121 Louis Ave

City  
ElmontState  
NYZip Code  
11003-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874291

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Casseus, Adly, , ,**

Mailing Address 751 E 39th St

City  
BrooklynState  
NYZip Code  
11210-2001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882554

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casseus, Adly, , ,**

Mailing Address 751 E 39th St

City  
BrooklynState  
NYZip Code  
11210-2001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882555

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 460 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casseus, Adly, , ,**

Mailing Address 751 E 39th St

City  
BrooklynState  
NYZip Code  
11210-2001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882556

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Casseus, Adly, , ,**

Mailing Address 751 E 39th St

City  
BrooklynState  
NYZip Code  
11210-2001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882557

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casseus, Adly, , ,**

Mailing Address 751 E 39th St

City  
BrooklynState  
NYZip Code  
11210-2001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875464

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 461 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casseus, Adly, , ,**

Mailing Address 751 E 39th St

City  
BrooklynState  
NYZip Code  
11210-2001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875465

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cassimy, Joann, , ,**Mailing Address 35 E 94th St  
Apt LACity  
BrooklynState  
NYZip Code  
11212-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878870

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cassimy, Joann, , ,**Mailing Address 35 E 94th St  
Apt LACity  
BrooklynState  
NYZip Code  
11212-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878871

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cassimy, Joann, , ,**Mailing Address 35 E 94th St  
Apt LACity  
BrooklynState  
NYZip Code  
11212-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878872

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cassimy, Joann, , ,**Mailing Address 35 E 94th St  
Apt LACity  
BrooklynState  
NYZip Code  
11212-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878873

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cassimy, Joann, , ,**Mailing Address 35 E 94th St  
Apt LACity  
BrooklynState  
NYZip Code  
11212-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876582

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 463 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cassimy, Joann, , ,**Mailing Address 35 E 94th St  
Apt LACity  
BrooklynState  
NYZip Code  
11212-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878869

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Castaing, Antonio, , ,**Mailing Address 1615 Lurting Ave  
Apt 19City  
BronxState  
NYZip Code  
10461-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Family Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876171

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Castaing, Antonio, , ,**Mailing Address 1615 Lurting Ave  
Apt 19City  
BronxState  
NYZip Code  
10461-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Family Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876172

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Castaing, Antonio, , ,**Mailing Address 1615 Lurting Ave  
Apt 19City  
BronxState  
NYZip Code  
10461-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Family Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876173

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Castaing, Antonio, , ,**Mailing Address 1615 Lurting Ave  
Apt 19City  
BronxState  
NYZip Code  
10461-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Family Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876174

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Castaing, Antonio, , ,**Mailing Address 1615 Lurting Ave  
Apt 19City  
BronxState  
NYZip Code  
10461-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Family Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876175

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Castaing, Antonio, , ,

Mailing Address 1615 Lurting Ave  
Apt 19City  
BronxState  
NYZip Code  
10461-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Family Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876176

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Castillo Faxas, Jelmy, , ,

Mailing Address 950 Woodycrest Ave  
Apt 17ACity  
BronxState  
NYZip Code  
10452-5421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Point of Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877543

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castillo Faxas, Jelmy, , ,

Mailing Address 950 Woodycrest Ave  
Apt 17ACity  
BronxState  
NYZip Code  
10452-5421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Point of Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877544

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Castillo Faxas, Jelmy, , ,**Mailing Address 950 Woodycrest Ave  
Apt 17ACity  
BronxState  
NYZip Code  
10452-5421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Point of Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9877545

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Castillo Faxas, Jelmy, , ,**Mailing Address 950 Woodycrest Ave  
Apt 17ACity  
BronxState  
NYZip Code  
10452-5421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Point of Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874218

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Castillo Faxas, Jelmy, , ,**Mailing Address 950 Woodycrest Ave  
Apt 17ACity  
BronxState  
NYZip Code  
10452-5421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Point of Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874219

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 467 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Castro, Cynthia, , ,**Mailing Address 2526 Hering Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875185

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Castro, Cynthia, , ,**Mailing Address 2526 Hering Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9875187

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Castro, Cynthia, , ,**Mailing Address 2526 Hering Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875188

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 468 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Castro, Cynthia, , ,**Mailing Address 2526 Hering Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875189

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Castro, Cynthia, , ,**Mailing Address 2526 Hering Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875192

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Castro, Cynthia, , ,**Mailing Address 2526 Hering Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875186

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 08 / 2025

Transaction ID : 9881945

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 22 / 2025

Transaction ID : 9873207

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 05 / 2025

Transaction ID : 9873208

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9881946

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9881947

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9881948

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9881949**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9881950**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9881951**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9873466**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 24 / 2025

**Transaction ID : 9873467**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper Marlboro

State  
MD

Zip Code  
20772-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital Region

Occupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9873468**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 473 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caudill, Rebecca, , ,**

Mailing Address 7607 Gambier Dr

City  
Upper MarlboroState  
MDZip Code  
20772-4414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Capital RegionOccupation (for Individual)  
Clinical Nurse II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9873469

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cayaso, Jaime, , ,**Mailing Address 115 Decatur St  
# 1City  
BrooklynState  
NYZip Code  
11216-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
SECOND COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9873551

Amount of Each Receipt this Period

79.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cayaso, Jaime, , ,**Mailing Address 115 Decatur St  
# 1City  
BrooklynState  
NYZip Code  
11216-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
SECOND COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

956.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9873552

Amount of Each Receipt this Period

79.72

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

169.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cayaso, Jaime, , ,**Mailing Address 115 Decatur St  
# 1City  
BrooklynState  
NYZip Code  
11216-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
SECOND COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9873553

Amount of Each Receipt this Period

79.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cayaso, Jaime, , ,**Mailing Address 115 Decatur St  
# 1City  
BrooklynState  
NYZip Code  
11216-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
SECOND COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9873554

Amount of Each Receipt this Period

79.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cayaso, Jaime, , ,**Mailing Address 115 Decatur St  
# 1City  
BrooklynState  
NYZip Code  
11216-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
SECOND COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

956.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873555

Amount of Each Receipt this Period

79.72

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

239.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 475 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cayaso, Jaime, , ,**Mailing Address 115 Decatur St  
# 1City  
BrooklynState  
NYZip Code  
11216-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
SECOND COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873556

Amount of Each Receipt this Period

79.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cazeau, Marie, , ,**Mailing Address 9526 Avenue B  
Apt 3City  
BrooklynState  
NYZip Code  
11236-1320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875494

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cazeau, Marie, , ,**Mailing Address 9526 Avenue B  
Apt 3City  
BrooklynState  
NYZip Code  
11236-1320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9875495

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 476 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cazeau, Marie, , ,**Mailing Address 9526 Avenue B  
Apt 3City  
BrooklynState  
NYZip Code  
11236-1320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875496

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cazeau, Marie, , ,**Mailing Address 9526 Avenue B  
Apt 3City  
BrooklynState  
NYZip Code  
11236-1320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875497

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cazeau, Marie, , ,**Mailing Address 9526 Avenue B  
Apt 3City  
BrooklynState  
NYZip Code  
11236-1320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875498

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 477 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cazeau, Marie, , ,**Mailing Address 9526 Avenue B  
Apt 3City  
BrooklynState  
NYZip Code  
11236-1320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875499

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ceasar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
DaniaState  
FLZip Code  
33004-2772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882046

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ceasar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
DaniaState  
FLZip Code  
33004-2772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874859

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 478 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ceasar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
DaniaState  
FLZip Code  
33004-2772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882043

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ceasar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
DaniaState  
FLZip Code  
33004-2772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874860

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ceasar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
DaniaState  
FLZip Code  
33004-2772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882044

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cesar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
Dania

State  
FL

Zip Code  
33004-2772

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9874861

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cesar, Penny, , ,**

Mailing Address 105 NW 10th Ct

City  
Dania

State  
FL

Zip Code  
33004-2772

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9882045

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cenevil, Hubert, , ,**

Mailing Address 1431 NE 159th St

City  
North Miami Beach

State  
FL

Zip Code  
33162-5630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab HSG

Occupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 09 / 2025

Transaction ID : 9882158

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 480 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cenevil, Hubert, , ,**

Mailing Address 1431 NE 159th St

City  
North Miami BeachState  
FLZip Code  
33162-5630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab HSGOccupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9882157

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cenevil, Hubert, , ,**

Mailing Address 1431 NE 159th St

City  
North Miami BeachState  
FLZip Code  
33162-5630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab HSGOccupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874298

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cenevil, Hubert, , ,**

Mailing Address 1431 NE 159th St

City  
North Miami BeachState  
FLZip Code  
33162-5630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab HSGOccupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9882156

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cepeda, Jenniffer, , ,**

Mailing Address 300 Palisade Ave  
Apt 3I

City  
Yonkers

State  
NY

Zip Code  
10703-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9878338**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cepeda, Jenniffer, , ,**

Mailing Address 300 Palisade Ave  
Apt 3I

City  
Yonkers

State  
NY

Zip Code  
10703-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

**Transaction ID : 9878337**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cepeda, Jenniffer, , ,**

Mailing Address 300 Palisade Ave  
Apt 3I

City  
Yonkers

State  
NY

Zip Code  
10703-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9878339**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cepeda, Jenniffer, , ,**

Mailing Address 300 Palisade Ave  
Apt 3I

City  
Yonkers

State  
NY

Zip Code  
10703-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9878340**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cepeda, Jenniffer, , ,**

Mailing Address 300 Palisade Ave  
Apt 3I

City  
Yonkers

State  
NY

Zip Code  
10703-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9875217**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cepeda, Jenniffer, , ,**

Mailing Address 300 Palisade Ave  
Apt 3I

City  
Yonkers

State  
NY

Zip Code  
10703-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9875218**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cepeda, Yessenia, , ,**Mailing Address 329 37th St  
Apt 2RCity  
BrooklynState  
NYZip Code  
11232-2520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer C-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879071

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cepeda, Yessenia, , ,**Mailing Address 329 37th St  
Apt 2RCity  
BrooklynState  
NYZip Code  
11232-2520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer C-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879072

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cepeda, Yessenia, , ,**Mailing Address 329 37th St  
Apt 2RCity  
BrooklynState  
NYZip Code  
11232-2520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer C-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879073

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 484 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cepeda, Yessenia, , ,**Mailing Address 329 37th St  
Apt 2RCity  
BrooklynState  
NYZip Code  
11232-2520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer C-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9879074

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cepeda, Yessenia, , ,**Mailing Address 329 37th St  
Apt 2RCity  
BrooklynState  
NYZip Code  
11232-2520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer C-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876108

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cepeda, Yessenia, , ,**Mailing Address 329 37th St  
Apt 2RCity  
BrooklynState  
NYZip Code  
11232-2520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Food Preparer C-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879070

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cessna, Heidi, , ,**

Mailing Address 6837 SE Sourwood Dr  
Apt 2410

City  
Stuart

State  
FL

Zip Code  
34997-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9881198

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cessna, Heidi, , ,**

Mailing Address 6837 SE Sourwood Dr  
Apt 2410

City  
Stuart

State  
FL

Zip Code  
34997-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9881199

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cessna, Heidi, , ,**

Mailing Address 6837 SE Sourwood Dr  
Apt 2410

City  
Stuart

State  
FL

Zip Code  
34997-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874633

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cessna, Heidi, , ,**Mailing Address 6837 SE Sourwood Dr  
Apt 2410City  
StuartState  
FLZip Code  
34997-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881195

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cessna, Heidi, , ,**Mailing Address 6837 SE Sourwood Dr  
Apt 2410City  
StuartState  
FLZip Code  
34997-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874634

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cessna, Heidi, , ,**Mailing Address 6837 SE Sourwood Dr  
Apt 2410City  
StuartState  
FLZip Code  
34997-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881196

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

30.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cessna, Heidi, , ,**Mailing Address 6837 SE Sourwood Dr  
Apt 2410City  
StuartState  
FLZip Code  
34997-4117FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025**Transaction ID : 9874635**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cessna, Heidi, , ,**Mailing Address 6837 SE Sourwood Dr  
Apt 2410City  
StuartState  
FLZip Code  
34997-4117FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025**Transaction ID : 9881197**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chambers, Elvis, , ,**

Mailing Address 154 Kimball Ave

City  
YonkersState  
NYZip Code  
10704-4223FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025**Transaction ID : 9878358**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 488 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chambers, Elvis, , ,**

Mailing Address 154 Kimball Ave

City  
YonkersState  
NYZip Code  
10704-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878359

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chambers, Elvis, , ,**

Mailing Address 154 Kimball Ave

City  
YonkersState  
NYZip Code  
10704-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878360

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chambers, Elvis, , ,**

Mailing Address 154 Kimball Ave

City  
YonkersState  
NYZip Code  
10704-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878361

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 489 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chambers, Elvis, , ,**

Mailing Address 154 Kimball Ave

City  
YonkersState  
NYZip Code  
10704-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874425

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chambers, Elvis, , ,**

Mailing Address 154 Kimball Ave

City  
YonkersState  
NYZip Code  
10704-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chambers, Nadia, , ,**Mailing Address 2049 McGraw Ave  
Apt 6BCity  
BronxState  
NYZip Code  
10462-8033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Office Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876667

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chambers, Nadia, , ,**Mailing Address 2049 McGraw Ave  
Apt 6BCity  
BronxState  
NYZip Code  
10462-8033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Office Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876668

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chapman, Delyse, , ,**

Mailing Address 169 Tiffany Ln

City

Willingboro

State

NJ

Zip Code

08046-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877136

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chapman, Delyse, , ,**

Mailing Address 169 Tiffany Ln

City

Willingboro

State

NJ

Zip Code

08046-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9877137

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chapman, Delyse, , ,**

Mailing Address 169 Tiffany Ln

City  
WillingboroState  
NJZip Code  
08046-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9877138

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chapman, Delyse, , ,**

Mailing Address 169 Tiffany Ln

City  
WillingboroState  
NJZip Code  
08046-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9877139

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chapman, Delyse, , ,**

Mailing Address 169 Tiffany Ln

City  
WillingboroState  
NJZip Code  
08046-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875986

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chapman, Delyse, , ,**

Mailing Address 169 Tiffany Ln

City  
WillingboroState  
NJZip Code  
08046-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9877135

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Charles, Audrey, , ,**Mailing Address 487 E 34th St  
PhCity  
BrooklynState  
NYZip Code  
11203-5007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878669

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Charles, Audrey, , ,**Mailing Address 487 E 34th St  
PhCity  
BrooklynState  
NYZip Code  
11203-5007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878668

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

65.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 493 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Charles, Audrey, , ,**Mailing Address 487 E 34th St  
PhCity  
BrooklynState  
NYZip Code  
11203-5007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873712

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Charles, Audrey, , ,**Mailing Address 487 E 34th St  
PhCity  
BrooklynState  
NYZip Code  
11203-5007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878667

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Charles, Marjorie, , ,**

Mailing Address 2069 E 53rd Pl

City  
BrooklynState  
NYZip Code  
11234-4710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875164

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Charles, Marjorie, , ,**

Mailing Address 2069 E 53rd Pl

City  
BrooklynState  
NYZip Code  
11234-4710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9875165

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Charles, Marjorie, , ,**

Mailing Address 2069 E 53rd Pl

City  
BrooklynState  
NYZip Code  
11234-4710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875166

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Charles, Marjorie, , ,**

Mailing Address 2069 E 53rd Pl

City  
BrooklynState  
NYZip Code  
11234-4710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Crest Health Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875167

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 495 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Charran, Atiya, , ,**

Mailing Address 22716 112th Rd

Null

City

Queens Village

State

NY

Zip Code

11429-2707

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Therapeutic Recreation Leader

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 15    |   | 2025        |

**Transaction ID : 9882665**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Charran, Atiya, , ,**

Mailing Address 22716 112th Rd

Null

City

Queens Village

State

NY

Zip Code

11429-2707

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Therapeutic Recreation Leader

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 26    |   | 2025        |

**Transaction ID : 9882663**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Charran, Atiya, , ,**

Mailing Address 22716 112th Rd

Null

City

Queens Village

State

NY

Zip Code

11429-2707

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Therapeutic Recreation Leader

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 26    |   | 2025        |

**Transaction ID : 9882666**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 496 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Charran, Atiya, , ,**

Mailing Address 22716 112th Rd

Null

City

Queens Village

State

NY

Zip Code

11429-2707

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Therapeutic Recreation Leader

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 17    |   | 2025        |

**Transaction ID : 9874264**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Charran, Atiya, , ,**

Mailing Address 22716 112th Rd

Null

City

Queens Village

State

NY

Zip Code

11429-2707

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Therapeutic Recreation Leader

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 24    |   | 2025        |

**Transaction ID : 9882664**

Amount of Each Receipt this Period

30.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chaudhury, Samiha, , ,**

Mailing Address 2395 Madison Dr

Null

City

East Meadow

State

NY

Zip Code

11554-2606

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Morningside

Occupation (for Individual)

Registered Pharmacist-STL

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2025        |

**Transaction ID : 9879855**

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

70.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 497 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chaudhury, Samiha, , ,**Mailing Address 2395 Madison Dr  
NullCity  
East MeadowState  
NYZip Code  
11554-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879856

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chaudhury, Samiha, , ,**Mailing Address 2395 Madison Dr  
NullCity  
East MeadowState  
NYZip Code  
11554-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chaudhury, Samiha, , ,**Mailing Address 2395 Madison Dr  
NullCity  
East MeadowState  
NYZip Code  
11554-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879858

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 498 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chaudhury, Samiha, , ,**Mailing Address 2395 Madison Dr  
NullCity  
East MeadowState  
NYZip Code  
11554-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875873

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chaudhury, Samiha, , ,**Mailing Address 2395 Madison Dr  
NullCity  
East MeadowState  
NYZip Code  
11554-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875874

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881627

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881628

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881626

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9881629

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 500 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874901

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chavez, Cristel, , ,**Mailing Address 141 Hoyt St  
NullCity  
KearnyState  
NJZip Code  
07032-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874902

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 501 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cheeseboro, Dorshua, , ,**Mailing Address 51 Hill St  
Apt 3HCity  
Staten IslandState  
NYZip Code  
10304-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877387

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cheeseboro, Dorshua, , ,**Mailing Address 51 Hill St  
Apt 3HCity  
Staten IslandState  
NYZip Code  
10304-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877388

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cheeseboro, Dorshua, , ,**Mailing Address 51 Hill St  
Apt 3HCity  
Staten IslandState  
NYZip Code  
10304-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877389

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 502 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cheeseboro, Dorshua, , ,**Mailing Address 51 Hill St  
Apt 3HCity  
Staten IslandState  
NYZip Code  
10304-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877390

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cheeseboro, Dorshua, , ,**Mailing Address 51 Hill St  
Apt 3HCity  
Staten IslandState  
NYZip Code  
10304-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873623

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cheeseboro, Dorshua, , ,**Mailing Address 51 Hill St  
Apt 3HCity  
Staten IslandState  
NYZip Code  
10304-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873624

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 503 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Nadia, , ,**Mailing Address 43 Bronx River Rd  
Apt 3RCity  
YonkersState  
NYZip Code  
10704-4411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878362

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Nadia, , ,**Mailing Address 43 Bronx River Rd  
Apt 3RCity  
YonkersState  
NYZip Code  
10704-4411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878364

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Nadia, , ,**Mailing Address 43 Bronx River Rd  
Apt 3RCity  
YonkersState  
NYZip Code  
10704-4411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878365

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 504 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Nadia, , ,**Mailing Address 43 Bronx River Rd  
Apt 3RCity  
YonkersState  
NYZip Code  
10704-4411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878366

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Nadia, , ,**Mailing Address 43 Bronx River Rd  
Apt 3RCity  
YonkersState  
NYZip Code  
10704-4411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875268

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Nadia, , ,**Mailing Address 43 Bronx River Rd  
Apt 3RCity  
YonkersState  
NYZip Code  
10704-4411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878363

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 505 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Tony, , ,**

Mailing Address 120 N 5th Ave

City

Mount Vernon

State

NY

Zip Code

10550-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Blood Center

Occupation (for Individual)

Technicians

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9878193

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Tony, , ,**

Mailing Address 120 N 5th Ave

City

Mount Vernon

State

NY

Zip Code

10550-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Blood Center

Occupation (for Individual)

Technicians

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9878194

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Tony, , ,**

Mailing Address 120 N 5th Ave

City

Mount Vernon

State

NY

Zip Code

10550-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Blood Center

Occupation (for Individual)

Technicians

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9875982

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 506 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Tony, , ,**

Mailing Address 120 N 5th Ave

City

Mount Vernon

State

NY

Zip Code

10550-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Blood Center

Occupation (for Individual)

Technicians

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9875983

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Yong, , ,**

Mailing Address 5927 162nd St

Null

City

Fresh Meadows

State

NY

Zip Code

11365-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technician 1-Pathlgy

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879266

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Yong, , ,**

Mailing Address 5927 162nd St

Null

City

Fresh Meadows

State

NY

Zip Code

11365-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technician 1-Pathlgy

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879269

Amount of Each Receipt this Period

2.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

38.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 507 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Yong, , ,**Mailing Address 5927 162nd St  
NullCity  
Fresh MeadowsState  
NYZip Code  
11365-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-Pathlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879267

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Yong, , ,**Mailing Address 5927 162nd St  
NullCity  
Fresh MeadowsState  
NYZip Code  
11365-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-Pathlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879271

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Yong, , ,**Mailing Address 5927 162nd St  
NullCity  
Fresh MeadowsState  
NYZip Code  
11365-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-Pathlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879268

Amount of Each Receipt this Period

16.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

34.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Yong, , ,**

Mailing Address 5927 162nd St

Null

City

Fresh Meadows

State

NY

Zip Code

11365-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technician 1-Pathlgy

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879272

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Yong, , ,**

Mailing Address 5927 162nd St

Null

City

Fresh Meadows

State

NY

Zip Code

11365-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technician 1-Pathlgy

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879273

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Yong, , ,**

Mailing Address 5927 162nd St

Null

City

Fresh Meadows

State

NY

Zip Code

11365-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technician 1-Pathlgy

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879274

Amount of Each Receipt this Period

2.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 509 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chen, Yong, , ,**Mailing Address 5927 162nd St  
NullCity  
Fresh MeadowsState  
NYZip Code  
11365-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-Pathlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879275

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chen, Yong, , ,**Mailing Address 5927 162nd St  
NullCity  
Fresh MeadowsState  
NYZip Code  
11365-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-Pathlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874200

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chen, Yong, , ,**Mailing Address 5927 162nd St  
NullCity  
Fresh MeadowsState  
NYZip Code  
11365-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technician 1-Pathlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9879265

Amount of Each Receipt this Period

16.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

34.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cherisene, Nadege, , ,**

Mailing Address 11740 NW 3rd Ave

City  
MiamiState  
FLZip Code  
33168-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873970

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cherisene, Nadege, , ,**

Mailing Address 11740 NW 3rd Ave

City  
MiamiState  
FLZip Code  
33168-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882181

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cherisene, Nadege, , ,**

Mailing Address 11740 NW 3rd Ave

City  
MiamiState  
FLZip Code  
33168-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873972

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 511 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cherisene, Nadege, , ,**

Mailing Address 11740 NW 3rd Ave

City  
MiamiState  
FLZip Code  
33168-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882183

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cherisene, Nadege, , ,**

Mailing Address 11740 NW 3rd Ave

City  
MiamiState  
FLZip Code  
33168-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9873971

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cherisene, Nadege, , ,**

Mailing Address 11740 NW 3rd Ave

City  
MiamiState  
FLZip Code  
33168-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882182

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 512 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cherry, Sherry, , ,**Mailing Address 921 E 218th St  
Apt 2City  
BronxState  
NYZip Code  
10469-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876660

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cherry, Sherry, , ,**Mailing Address 921 E 218th St  
Apt 2City  
BronxState  
NYZip Code  
10469-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876661

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chiasson, Elaina, , ,**Mailing Address 912 E 226th St  
Apt 1FCity  
BronxState  
NYZip Code  
10466-4666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877821

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chiasson, Elaina, , ,**Mailing Address 912 E 226th St  
Apt 1FCity  
BronxState  
NYZip Code  
10466-4666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877822

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chiasson, Elaina, , ,**Mailing Address 912 E 226th St  
Apt 1FCity  
BronxState  
NYZip Code  
10466-4666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877823

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chiasson, Elaina, , ,**Mailing Address 912 E 226th St  
Apt 1FCity  
BronxState  
NYZip Code  
10466-4666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877824

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 514 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chiasson, Elaina, , ,**Mailing Address 912 E 226th St  
Apt 1FCity  
BronxState  
NYZip Code  
10466-4666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874475

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chiasson, Elaina, , ,**Mailing Address 912 E 226th St  
Apt 1FCity  
BronxState  
NYZip Code  
10466-4666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874476

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chin, Mark, , ,**

Mailing Address 52 Main Ave

City  
CentereachState  
NYZip Code  
11720-1642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880175

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 515 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chin, Mark, , ,**

Mailing Address 52 Main Ave

City  
CentereachState  
NYZip Code  
11720-1642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880176

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chin, Mark, , ,**

Mailing Address 52 Main Ave

City  
CentereachState  
NYZip Code  
11720-1642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874115

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chin, Mark, , ,**

Mailing Address 52 Main Ave

City  
CentereachState  
NYZip Code  
11720-1642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880173

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chin, Mark, , ,**

Mailing Address 52 Main Ave

City  
CentereachState  
NYZip Code  
11720-1642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874116

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chin, Mark, , ,**

Mailing Address 52 Main Ave

City  
CentereachState  
NYZip Code  
11720-1642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880174

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chisolm, Melquan, , ,**Mailing Address 680 Jefferson Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11221-2158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878971

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 517 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chisolm, Melquan, , ,**Mailing Address 680 Jefferson Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11221-2158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878972

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chisolm, Melquan, , ,**Mailing Address 680 Jefferson Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11221-2158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878973

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chisolm, Melquan, , ,**Mailing Address 680 Jefferson Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11221-2158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875720

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chisolm, Melquan, , ,**Mailing Address 680 Jefferson Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11221-2158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875719

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Choi, Eunhye, , ,**

Mailing Address 41 Brook Ter

City  
LeoniaState  
NJZip Code  
07605-1504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881721

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Choi, Eunhye, , ,**

Mailing Address 41 Brook Ter

City  
LeoniaState  
NJZip Code  
07605-1504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9881720

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Choi, Eunhye, , ,**

Mailing Address 41 Brook Ter

City  
Leonia

State  
NJ

Zip Code  
07605-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 23 / 2025

Transaction ID : 9881722

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Choi, Eunhye, , ,**

Mailing Address 41 Brook Ter

City  
Leonia

State  
NJ

Zip Code  
07605-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 05 / 2025

Transaction ID : 9881723

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Choi, Eunhye, , ,**

Mailing Address 41 Brook Ter

City  
Leonia

State  
NJ

Zip Code  
07605-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9875266

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 520 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Choi, Eunhye, , ,**

Mailing Address 41 Brook Ter

City  
LeoniaState  
NJZip Code  
07605-1504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9881719

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Choute, Dacheca, , ,**Mailing Address 2 B Duryea Pl  
Apt 2DCity  
LynbrookState  
NYZip Code  
11563-4005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873779

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Choute, Dacheca, , ,**Mailing Address 2 B Duryea Pl  
Apt 2DCity  
LynbrookState  
NYZip Code  
11563-4005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873780

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christian, Terry, , ,**Mailing Address 522 Ocean Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11226-3740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christian, Terry, , ,**Mailing Address 522 Ocean Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11226-3740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882586

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christian, Terry, , ,**Mailing Address 522 Ocean Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11226-3740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882587

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 522 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christian, Terry, , ,**Mailing Address 522 Ocean Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11226-3740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882588

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christian, Terry, , ,**Mailing Address 522 Ocean Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11226-3740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875454

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christian, Terry, , ,**Mailing Address 522 Ocean Ave  
Apt 6ECity  
BrooklynState  
NYZip Code  
11226-3740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875455

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 523 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                  |                                                                                               |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Christie Gordon, Brenda, , ,</b>       |  |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 07 / 2025<br><b>Transaction ID : 9878166</b> |  |                     |
| Mailing Address 229 S 7th Ave<br>Apt 4H                                                                                         |  |                                                  | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item             |  |                     |
| City Mount Vernon                                                                                                               |  | State NY                                         |                                                                                               |  | Zip Code 10550-3863 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                               |  |                     |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |  | Occupation (for Individual)<br>NURSING ATTENDANT |                                                                                               |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00               |                                                                                               |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Christie Gordon, Brenda, , ,</b>       |  |                                                  |                                                                                               |  |                     |
| Mailing Address 229 S 7th Ave<br>Apt 4H                                                                                         |  |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 10 / 2025<br><b>Transaction ID : 9878182</b> |  |                     |
| City Mount Vernon                                                                                                               |  | State NY                                         | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item             |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                               |  |                     |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |  | Occupation (for Individual)<br>NURSING ATTENDANT |                                                                                               |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00               |                                                                                               |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Christie Gordon, Brenda, , ,</b>       |  |                                                  |                                                                                               |  |                     |
| Mailing Address 229 S 7th Ave<br>Apt 4H                                                                                         |  |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 07 / 2025<br><b>Transaction ID : 9878167</b> |  |                     |
| City Mount Vernon                                                                                                               |  | State NY                                         | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item             |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                               |  |                     |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |  | Occupation (for Individual)<br>NURSING ATTENDANT |                                                                                               |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>220.00               |                                                                                               |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                         |  |                                                  | 30.00                                                                                         |  |                     |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                               |  |                                                  |                                                                                               |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 524 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878183

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878168

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878169

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876329

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878170

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878180

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 526 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876330

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878171

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christie Gordon, Brenda, , ,**Mailing Address 229 S 7th Ave  
Apt 4H

City

Mount Vernon

State

NY

Zip Code

10550-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878181

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 527 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christophe, Tamara, , ,**

Mailing Address 14718 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879726

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christophe, Tamara, , ,**

Mailing Address 14718 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879727

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christophe, Tamara, , ,**

Mailing Address 14718 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874702

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

180.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 528 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christophe, Tamara, , ,**

Mailing Address 14718 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874703

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christopher, Edmund, , ,**Mailing Address 675 Coster St  
Apt 5ECity  
BronxState  
NYZip Code  
10474-6418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881187

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christopher, Edmund, , ,**Mailing Address 675 Coster St  
Apt 5ECity  
BronxState  
NYZip Code  
10474-6418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881188

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christopher, Edmund, , ,**Mailing Address 675 Coster St  
Apt 5ECity  
BronxState  
NYZip Code  
10474-6418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881189

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christopher, Edmund, , ,**Mailing Address 675 Coster St  
Apt 5ECity  
BronxState  
NYZip Code  
10474-6418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881190

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christopher, Edmund, , ,**Mailing Address 675 Coster St  
Apt 5ECity  
BronxState  
NYZip Code  
10474-6418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876257

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 530 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christopher, Edmund, , ,**Mailing Address 675 Coster St  
Apt 5ECity  
BronxState  
NYZip Code  
10474-6418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876258

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Church, Latifa, , ,**

Mailing Address 2456 13th Ave N

City

St Petersburg

State

FL

Zip Code

33713-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882347

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Church, Latifa, , ,**

Mailing Address 2456 13th Ave N

City

St Petersburg

State

FL

Zip Code

33713-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9882348

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 531 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Church, Latifa, , ,**

Mailing Address 2456 13th Ave N

City  
St PetersburgState  
FLZip Code  
33713-5854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875181

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Church, Latifa, , ,**

Mailing Address 2456 13th Ave N

City  
St PetersburgState  
FLZip Code  
33713-5854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882346

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Church, Yasheta, , ,**

Mailing Address 5895 60th Ave N

City  
St PetersburgState  
FLZip Code  
33709-1949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882327

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 532 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Church, Yasheta, , ,**

Mailing Address 5895 60th Ave N

City  
St PetersburgState  
FLZip Code  
33709-1949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9882328

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Church, Yasheta, , ,**

Mailing Address 5895 60th Ave N

City  
St PetersburgState  
FLZip Code  
33709-1949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875289

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Church, Yasheta, , ,**

Mailing Address 5895 60th Ave N

City  
St PetersburgState  
FLZip Code  
33709-1949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882326

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chyrack, Elda, , ,**Mailing Address 2214 Central Park Ave  
Apt 4City  
YonkersState  
NYZip Code  
10710-1851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878391

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chyrack, Elda, , ,**Mailing Address 2214 Central Park Ave  
Apt 4City  
YonkersState  
NYZip Code  
10710-1851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878394

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chyrack, Elda, , ,**Mailing Address 2214 Central Park Ave  
Apt 4City  
YonkersState  
NYZip Code  
10710-1851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9878395

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9878396

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9878392

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9878397

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9878398

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 01 / 2025

Transaction ID : 9878393

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 16 / 2025

Transaction ID : 9878399

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 16 / 2025

**Transaction ID : 9878400**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 24 / 2025

**Transaction ID : 9875791**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9875545**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 537 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 12 / 2025

Transaction ID : 9875546

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9875792

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chyrack, Elda, , ,**

Mailing Address 2214 Central Park Ave  
Apt 4

City  
Yonkers

State  
NY

Zip Code  
10710-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sonographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 18 / 2025

Transaction ID : 9875547

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 538 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Chyrack, Elda, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 18 / 2025<br><b>Transaction ID : 9875548</b> |
| Mailing Address 2214 Central Park Ave<br>Apt 4                                                                                  |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>Yonkers                                                                                                                 | State<br>NY | Zip Code<br>10710-1851                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>St Joseph's Medical Center                                                                 |             | Occupation (for Individual)<br>Sonographer                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>275.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Civil, Marie, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 12 / 2025<br><b>Transaction ID : 9874022</b> |
| Mailing Address 931 NE 158th St                                                                                                 |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>North Miami Beach                                                                                                       | State<br>FL | Zip Code<br>33162-5305                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Claridge House Nursing & Rehab Center                                                      |             | Occupation (for Individual)<br>Certified Nursing Assistant                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Civil, Marie, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 12 / 2025<br><b>Transaction ID : 9882147</b> |
| Mailing Address 931 NE 158th St                                                                                                 |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>North Miami Beach                                                                                                       | State<br>FL | Zip Code<br>33162-5305                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Claridge House Nursing & Rehab Center                                                      |             | Occupation (for Individual)<br>Certified Nursing Assistant                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 30.00                                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Civil, Marie, , ,**

Mailing Address 931 NE 158th St

City

North Miami Beach

State

FL

Zip Code

33162-5305

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Claridge House Nursing &amp; Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

**Transaction ID : 9874023**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Civil, Marie, , ,**

Mailing Address 931 NE 158th St

City

North Miami Beach

State

FL

Zip Code

33162-5305

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Claridge House Nursing &amp; Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

**Transaction ID : 9882148**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Civil, Marie, , ,**

Mailing Address 931 NE 158th St

City

North Miami Beach

State

FL

Zip Code

33162-5305

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Claridge House Nursing &amp; Rehab Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

**Transaction ID : 9874024**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 540 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Civil, Marie, , ,**

Mailing Address 931 NE 158th St

City  
North Miami BeachState  
FLZip Code  
33162-5305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882149

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clare, Ethan, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 1FCity  
BrooklynState  
NYZip Code  
11236-5813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881006

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clare, Ethan, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 1FCity  
BrooklynState  
NYZip Code  
11236-5813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881007

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clare, Ethan, , ,**

Mailing Address 2125 Rockaway Pkwy  
Apt 1F

City  
Brooklyn

State  
NY

Zip Code  
11236-5813

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks Hospital

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 15 / 2025

Transaction ID : 9881008

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clare, Ethan, , ,**

Mailing Address 2125 Rockaway Pkwy  
Apt 1F

City  
Brooklyn

State  
NY

Zip Code  
11236-5813

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks Hospital

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9881009

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clare, Ethan, , ,**

Mailing Address 2125 Rockaway Pkwy  
Apt 1F

City  
Brooklyn

State  
NY

Zip Code  
11236-5813

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks Hospital

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9876298

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 542 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clare, Ethan, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 1FCity  
BrooklynState  
NYZip Code  
11236-5813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876299

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Alexander, , ,**

Mailing Address 181 Ridge Rd

City

Valley Cottage

State

NY

Zip Code

10989-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878551

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clark, Alexander, , ,**

Mailing Address 181 Ridge Rd

City

Valley Cottage

State

NY

Zip Code

10989-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878550

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Alexander, , ,**

Mailing Address 181 Ridge Rd

City  
Valley CottageState  
NYZip Code  
10989-2353FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878552

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Alexander, , ,**

Mailing Address 181 Ridge Rd

City  
Valley CottageState  
NYZip Code  
10989-2353FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9878553

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clark, Alexander, , ,**

Mailing Address 181 Ridge Rd

City  
Valley CottageState  
NYZip Code  
10989-2353FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878554

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 544 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Alexander, , ,**

Mailing Address 181 Ridge Rd

City  
Valley CottageState  
NYZip Code  
10989-2353FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875143

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Lizebeth, , ,**

Mailing Address 122 S 11th Ave

City  
Mount VernonState  
NYZip Code  
10550-2911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878189

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clark, Lizebeth, , ,**

Mailing Address 122 S 11th Ave

City  
Mount VernonState  
NYZip Code  
10550-2911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Dietary Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878190

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 545 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Lizabeth, , ,**

Mailing Address 122 S 11th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Mt Vernon Hospital

Occupation (for Individual)

Mmv-Dietary Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 22    |   | 2025        |

Transaction ID : 9878191

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Lizabeth, , ,**

Mailing Address 122 S 11th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Mt Vernon Hospital

Occupation (for Individual)

Mmv-Dietary Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 10    |   | 2025        |

Transaction ID : 9878192

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clark, Lizabeth, , ,**

Mailing Address 122 S 11th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Mt Vernon Hospital

Occupation (for Individual)

Mmv-Dietary Worker

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 10    |   | 2025        |

Transaction ID : 9874886

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 546 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Lizebeth, , ,**

Mailing Address 122 S 11th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Mt Vernon Hospital

Occupation (for Individual)

Mmv-Dietary Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874887

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clarke, Margaret, , ,**

Mailing Address 478 Carina Cir

City

Sanford

State

FL

Zip Code

32773-7370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Harborview Health Center West Altamont

Occupation (for Individual)

Restorative Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882008

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clarke, Margaret, , ,**

Mailing Address 478 Carina Cir

City

Sanford

State

FL

Zip Code

32773-7370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Harborview Health Center West Altamont

Occupation (for Individual)

Restorative Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9873940

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 547 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clarke, Margaret, , ,**

Mailing Address 478 Carina Cir

City  
SanfordState  
FLZip Code  
32773-7370FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West AltamontOccupation (for Individual)  
Restorative Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9873941

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clarke, Shannon, , ,**Mailing Address 650 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877278

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clarke, Shannon, , ,**Mailing Address 650 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877279

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 548 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clarke, Shannon, , ,**Mailing Address 650 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877280

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clarke, Shannon, , ,**Mailing Address 650 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877281

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clarke, Shannon, , ,**Mailing Address 650 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876356

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 549 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clarke, Shannon, , ,**Mailing Address 650 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-1033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876357

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clotter, Digna, , ,**Mailing Address 607 Jerome St  
# ST3ACity  
BrooklynState  
NYZip Code  
11207-6033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875713

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clotter, Digna, , ,**Mailing Address 607 Jerome St  
# ST3ACity  
BrooklynState  
NYZip Code  
11207-6033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9878731

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 550 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clotter, Digna, , ,**Mailing Address 607 Jerome St  
# ST3ACity  
BrooklynState  
NYZip Code  
11207-6033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875714

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clotter, Digna, , ,**Mailing Address 607 Jerome St  
# ST3ACity  
BrooklynState  
NYZip Code  
11207-6033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875715

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cloutier, Thomas, , ,**Mailing Address 2462 Valentine Ave  
Apt 42City  
BronxState  
NYZip Code  
10458-5369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881391

Amount of Each Receipt this Period

23.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

63.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 551 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cloutier, Thomas, , ,**Mailing Address 2462 Valentine Ave  
Apt 42City  
BronxState  
NYZip Code  
10458-5369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876016

Amount of Each Receipt this Period

23.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cloutier, Thomas, , ,**Mailing Address 2462 Valentine Ave  
Apt 42City  
BronxState  
NYZip Code  
10458-5369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876017

Amount of Each Receipt this Period

23.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cloutier, Thomas, , ,**Mailing Address 2462 Valentine Ave  
Apt 42City  
BronxState  
NYZip Code  
10458-5369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876018

Amount of Each Receipt this Period

23.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

69.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cloutier, Thomas, , ,**Mailing Address 2462 Valentine Ave  
Apt 42City  
BronxState  
NYZip Code  
10458-5369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876019

Amount of Each Receipt this Period

23.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cloutier, Thomas, , ,**Mailing Address 2462 Valentine Ave  
Apt 42City  
BronxState  
NYZip Code  
10458-5369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881390

Amount of Each Receipt this Period

34.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878891

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

67.70



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cobbler Ward, Josette, , ,**

Mailing Address 1196 Eastern Pkwy  
Apt 14B

City  
Brooklyn

State  
NY

Zip Code  
11213-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2025

Transaction ID : 9878905

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cobbler Ward, Josette, , ,**

Mailing Address 1196 Eastern Pkwy  
Apt 14B

City  
Brooklyn

State  
NY

Zip Code  
11213-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
08 / 11 / 2025

Transaction ID : 9878892

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cobbler Ward, Josette, , ,**

Mailing Address 1196 Eastern Pkwy  
Apt 14B

City  
Brooklyn

State  
NY

Zip Code  
11213-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2025

Transaction ID : 9878893

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 554 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9878906

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9878894

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9878907

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 555 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878895

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9878896

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9875765

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cobbler Ward, Josette, , ,**Mailing Address 1196 Eastern Pkwy  
Apt 14BCity  
BrooklynState  
NYZip Code  
11213-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878904

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cobbold-Mairs, Charlotte, , ,**

Mailing Address 4151 Ely Ave

City  
BronxState  
NYZip Code  
10466-2033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876715

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cobbold-Mairs, Charlotte, , ,**

Mailing Address 4151 Ely Ave

City  
BronxState  
NYZip Code  
10466-2033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876716

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cockfield, George, , ,**

Mailing Address 910 E 98th St

City  
BrooklynState  
NYZip Code  
11236-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
CLERK, HEALTH INFORMATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9879171

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cockfield, George, , ,**

Mailing Address 910 E 98th St

City  
BrooklynState  
NYZip Code  
11236-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
CLERK, HEALTH INFORMATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879172

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cockfield, George, , ,**

Mailing Address 910 E 98th St

City  
BrooklynState  
NYZip Code  
11236-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
CLERK, HEALTH INFORMATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879173

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 558 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cockfield, George, , ,**

Mailing Address 910 E 98th St

City  
BrooklynState  
NYZip Code  
11236-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
CLERK, HEALTH INFORMATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875738

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cockfield, George, , ,**

Mailing Address 910 E 98th St

City  
BrooklynState  
NYZip Code  
11236-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
CLERK, HEALTH INFORMATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Dwayne, , ,**

Mailing Address 15 Washington Ave

City  
AmityvilleState  
NYZip Code  
11701-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880114

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Dwayne, , ,**

Mailing Address 15 Washington Ave

City  
AmityvilleState  
NYZip Code  
11701-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880115

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Dwayne, , ,**

Mailing Address 15 Washington Ave

City  
AmityvilleState  
NYZip Code  
11701-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9880116

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Dwayne, , ,**

Mailing Address 15 Washington Ave

City  
AmityvilleState  
NYZip Code  
11701-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880117

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 560 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Dwayne, , ,**

Mailing Address 15 Washington Ave

City  
AmityvilleState  
NYZip Code  
11701-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876316

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Dwayne, , ,**

Mailing Address 15 Washington Ave

City  
AmityvilleState  
NYZip Code  
11701-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880113

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Henry, , ,**

Mailing Address 55 Bateman St

City  
RoslindaleState  
MAZip Code  
02131-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881577

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Henry, , ,**

Mailing Address 55 Bateman St

City  
RoslindaleState  
MAZip Code  
02131-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881578

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Henry, , ,**

Mailing Address 55 Bateman St

City  
RoslindaleState  
MAZip Code  
02131-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881579

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Henry, , ,**

Mailing Address 55 Bateman St

City  
RoslindaleState  
MAZip Code  
02131-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881580

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Henry, , ,**

Mailing Address 55 Bateman St

City  
RoslindaleState  
MAZip Code  
02131-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876835

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Henry, , ,**

Mailing Address 55 Bateman St

City  
RoslindaleState  
MAZip Code  
02131-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881576

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877966

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9877945

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9877965

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877967

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9877946

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877968

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877947

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877969

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877948

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9877949

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9876102

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9877964

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Icolyn, , ,**Mailing Address 2931 Laconia Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-1471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laconia Nursing HomeOccupation (for Individual)  
Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877950

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878590

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9878591

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9878560

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 568 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9878561

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9875869

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875870

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878562

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9878563

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coimin, Francoise, , ,**Mailing Address 2130 Baylis Ave  
NullCity  
ElmontState  
NYZip Code  
11003-2937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875871

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coimin, Francoise, , ,

Mailing Address 2130 Baylis Ave  
 Null

City  
 Elmont

State  
 NY

Zip Code  
 11003-2937

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 White Oaks Nursing Home

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2025

Transaction ID : 9878564

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coimin, Francoise, , ,

Mailing Address 2130 Baylis Ave  
 Null

City  
 Elmont

State  
 NY

Zip Code  
 11003-2937

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 White Oaks Nursing Home

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2025

Transaction ID : 9875872

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cole, Brenda, , ,

Mailing Address 3511 Windom Rd  
 Apt 9

City  
 Brentwood

State  
 MD

Zip Code  
 20722-1046

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 The HSC Pediatric Center

Occupation (for Individual)  
 HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2025

Transaction ID : 9881924

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9881925

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9881926

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881927

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 572 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Brenda, , ,**Mailing Address 3511 Windom Rd  
Apt 9City  
BrentwoodState  
MDZip Code  
20722-1046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric CenterOccupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9881928

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Brenda, , ,**Mailing Address 3511 Windom Rd  
Apt 9City  
BrentwoodState  
MDZip Code  
20722-1046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric CenterOccupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9881929

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Brenda, , ,**Mailing Address 3511 Windom Rd  
Apt 9City  
BrentwoodState  
MDZip Code  
20722-1046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric CenterOccupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9881930

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 09 / 2025

Transaction ID : 9881931

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 21 / 2025

Transaction ID : 9875804

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 04 / 2025

Transaction ID : 9875805

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Brenda, , ,**Mailing Address 3511 Windom Rd  
Apt 9City  
BrentwoodState  
MDZip Code  
20722-1046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric CenterOccupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2025

Transaction ID : 9875806

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Brenda, , ,**Mailing Address 3511 Windom Rd  
Apt 9City  
BrentwoodState  
MDZip Code  
20722-1046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric CenterOccupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9875807

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Brenda, , ,**Mailing Address 3511 Windom Rd  
Apt 9City  
BrentwoodState  
MDZip Code  
20722-1046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric CenterOccupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875809

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Brenda, , ,**

Mailing Address 3511 Windom Rd  
Apt 9

City  
Brentwood

State  
MD

Zip Code  
20722-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The HSC Pediatric Center

Occupation (for Individual)  
HSCPC Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2025

**Transaction ID : 9875808**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake Worth

State  
FL

Zip Code  
33463-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9882299**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake Worth

State  
FL

Zip Code  
33463-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9882300**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake WorthState  
FLZip Code  
33463-7457FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874771

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake WorthState  
FLZip Code  
33463-7457FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882296

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake WorthState  
FLZip Code  
33463-7457FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874773

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake WorthState  
FLZip Code  
33463-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882298

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake WorthState  
FLZip Code  
33463-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874772

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cole, Winsome, , ,**

Mailing Address 4953 Fulton St

City  
Lake WorthState  
FLZip Code  
33463-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882297

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 578 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coleman, Kira, , ,**

Mailing Address 99 Johnson St

City  
BridgeportState  
CTZip Code  
06604-5852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876728

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coleman, Kira, , ,**

Mailing Address 99 Johnson St

City  
BridgeportState  
CTZip Code  
06604-5852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876729

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Collins, Barbara, , ,**Mailing Address 800 Bronx River Rd  
Apt A53City  
BronxvilleState  
NYZip Code  
10708-7075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
TELEPHONE OPERATOR-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878387

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Collins, Barbara, , ,**

Mailing Address 800 Bronx River Rd  
Apt A53

City  
Bronxville

State  
NY

Zip Code  
10708-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus

Occupation (for Individual)  
TELEPHONE OPERATOR-WAKEFIEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9878388**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Collins, Barbara, , ,**

Mailing Address 800 Bronx River Rd  
Apt A53

City  
Bronxville

State  
NY

Zip Code  
10708-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus

Occupation (for Individual)  
TELEPHONE OPERATOR-WAKEFIEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2025

**Transaction ID : 9878389**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Collins, Barbara, , ,**

Mailing Address 800 Bronx River Rd  
Apt A53

City  
Bronxville

State  
NY

Zip Code  
10708-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus

Occupation (for Individual)  
TELEPHONE OPERATOR-WAKEFIEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 10 / 2025

**Transaction ID : 9878390**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 580 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Collins, Barbara, , ,**Mailing Address 800 Bronx River Rd  
Apt A53City  
BronxvilleState  
NYZip Code  
10708-7075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
TELEPHONE OPERATOR-WAKEFIEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875468

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Collins, Barbara, , ,**Mailing Address 800 Bronx River Rd  
Apt A53City  
BronxvilleState  
NYZip Code  
10708-7075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
TELEPHONE OPERATOR-WAKEFIEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875469

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Colon, Catherine, , ,**Mailing Address 61 N Manning Blvd  
Apt 2City  
AlbanyState  
NYZip Code  
12206-2240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hudson Park Rehabilitation and NursingOccupation (for Individual)  
AIDES & ORDERLIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9873538

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Colon, Catherine, , ,**Mailing Address 61 N Manning Blvd  
Apt 2City  
AlbanyState  
NYZip Code  
12206-2240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hudson Park Rehabilitation and NursingOccupation (for Individual)  
AIDES & ORDERLIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9873539

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Colon, Jose, , ,**

Mailing Address 20 E 116th St

City  
New YorkState  
NYZip Code  
10029-1030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873586

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Colon, Jose, , ,**

Mailing Address 20 E 116th St

City  
New YorkState  
NYZip Code  
10029-1030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9873587

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Colon, Teresa, , ,**

Mailing Address 180 30th St

City  
Brooklyn

State  
NY

Zip Code  
11232-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

**Transaction ID : 9879068**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Colon, Teresa, , ,**

Mailing Address 180 30th St

City  
Brooklyn

State  
NY

Zip Code  
11232-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 05 / 2025

**Transaction ID : 9879069**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Colon, Teresa, , ,**

Mailing Address 180 30th St

City  
Brooklyn

State  
NY

Zip Code  
11232-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 09 / 2025

**Transaction ID : 9873949**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Colon, Teresa, , ,**

Mailing Address 180 30th St

City  
Brooklyn

State  
NY

Zip Code  
11232-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9879067**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Colquhoun, Charmaine, , ,**

Mailing Address 1132 E 42nd St

City  
Brooklyn

State  
NY

Zip Code  
11210-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9873686**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Colquhoun, Charmaine, , ,**

Mailing Address 1132 E 42nd St

City  
Brooklyn

State  
NY

Zip Code  
11210-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

**Transaction ID : 9873687**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Colquhoun, Charmaine, , ,**

Mailing Address 1132 E 42nd St

City  
BrooklynState  
NYZip Code  
11210-4407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873685

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Colquhoun, Charmaine, , ,**

Mailing Address 1132 E 42nd St

City  
BrooklynState  
NYZip Code  
11210-4407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873688

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Compere Paul, Metshyne, , ,**

Mailing Address 8911 153rd St

Apt 4R

City  
JamaicaState  
NYZip Code  
11432-5932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873833

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Compere Paul, Metshyne, , ,**

Mailing Address 8911 153rd St  
Apt 4R

City  
Jamaica

State  
NY

Zip Code  
11432-5932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and Health

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9873834**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conde, Angela, , ,**

Mailing Address 474 Sheafe Rd

City  
Wappingers Falls

State  
NY

Zip Code  
12590-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2025

**Transaction ID : 9880533**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Conde, Angela, , ,**

Mailing Address 474 Sheafe Rd

City  
Wappingers Falls

State  
NY

Zip Code  
12590-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2025

**Transaction ID : 9880534**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Conde, Angela, , ,**

Mailing Address 474 Sheafe Rd

City  
Wappingers FallsState  
NYZip Code  
12590-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9880535

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conde, Angela, , ,**

Mailing Address 474 Sheafe Rd

City  
Wappingers FallsState  
NYZip Code  
12590-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9880536

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Conde, Angela, , ,**

Mailing Address 474 Sheafe Rd

City  
Wappingers FallsState  
NYZip Code  
12590-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875817

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 587 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Conde, Angela, , ,**

Mailing Address 474 Sheafe Rd

City  
Wappingers FallsState  
NYZip Code  
12590-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875818

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Condurache, Monica, , ,**

Mailing Address 1412 Cherry St

City  
UnionState  
NJZip Code  
07083-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881647

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Condurache, Monica, , ,**

Mailing Address 1412 Cherry St

City  
UnionState  
NJZip Code  
07083-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9881648

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Condurache, Monica, , ,**

Mailing Address 1412 Cherry St

City  
UnionState  
NJZip Code  
07083-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9881649

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Condurache, Monica, , ,**

Mailing Address 1412 Cherry St

City  
UnionState  
NJZip Code  
07083-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9876807

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Condurache, Monica, , ,**

Mailing Address 1412 Cherry St

City  
UnionState  
NJZip Code  
07083-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9881646

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Condurache, Monica, , ,**

Mailing Address 1412 Cherry St

City  
Union

State  
NJ

Zip Code  
07083-5327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 19 / 2025

**Transaction ID : 9876808**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Consolazio, Gabriella, , ,**

Mailing Address 56 Lucy Loop

City  
Staten Island

State  
NY

Zip Code  
10312-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Ancillary Support Assoc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9877468**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Consolazio, Gabriella, , ,**

Mailing Address 56 Lucy Loop

City  
Staten Island

State  
NY

Zip Code  
10312-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Ancillary Support Assoc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9877469**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

54.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Consolazio, Gabriella, , ,**

Mailing Address 56 Lucy Loop

City  
Staten Island

State  
NY

Zip Code  
10312-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Ancillary Support Assoc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9877470**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Consolazio, Gabriella, , ,**

Mailing Address 56 Lucy Loop

City  
Staten Island

State  
NY

Zip Code  
10312-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Ancillary Support Assoc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9877471**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Consolazio, Gabriella, , ,**

Mailing Address 56 Lucy Loop

City  
Staten Island

State  
NY

Zip Code  
10312-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Ancillary Support Assoc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9873634**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Consolazio, Gabriella, , ,**

Mailing Address 56 Lucy Loop

City  
Staten IslandState  
NYZip Code  
10312-3660FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Ancillary Support Assoc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877467

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coon, Jacob, , ,**

Mailing Address 24 Cherry St

City  
Red HookState  
NYZip Code  
12571-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Food Service Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880518

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coon, Jacob, , ,**

Mailing Address 24 Cherry St

City  
Red HookState  
NYZip Code  
12571-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Food Service Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880519

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 592 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coon, Jacob, , ,**

Mailing Address 24 Cherry St

City  
Red HookState  
NYZip Code  
12571-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Food Service Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9880517

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coon, Jacob, , ,**

Mailing Address 24 Cherry St

City  
Red HookState  
NYZip Code  
12571-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Food Service Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9880520

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coon, Jacob, , ,**

Mailing Address 24 Cherry St

City  
Red HookState  
NYZip Code  
12571-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Food Service Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875938

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coon, Jacob, , ,**

Mailing Address 24 Cherry St

City  
Red HookState  
NYZip Code  
12571-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Food Service Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875939

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooper, Colin, , ,**

Mailing Address 22 Thoma Pl

City  
RooseveltState  
NYZip Code  
11575-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879891

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Colin, , ,**

Mailing Address 22 Thoma Pl

City  
RooseveltState  
NYZip Code  
11575-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879892

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 594 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooper, Colin, , ,**

Mailing Address 22 Thoma Pl

City  
RooseveltState  
NYZip Code  
11575-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879893

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooper, Colin, , ,**

Mailing Address 22 Thoma Pl

City  
RooseveltState  
NYZip Code  
11575-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879894

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Colin, , ,**

Mailing Address 22 Thoma Pl

City  
RooseveltState  
NYZip Code  
11575-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874574

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 595 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooper, Colin, , ,**

Mailing Address 22 Thoma Pl

City  
RooseveltState  
NYZip Code  
11575-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874575

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooper, Jennifer, , ,**Mailing Address 728 Howard Ave  
Apt F4City  
BrooklynState  
NYZip Code  
11212-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878833

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Jennifer, , ,**Mailing Address 728 Howard Ave  
Apt F4City  
BrooklynState  
NYZip Code  
11212-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878834

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 596 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooper, Jennifer, , ,**Mailing Address 728 Howard Ave  
Apt F4City  
BrooklynState  
NYZip Code  
11212-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878835

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooper, Jennifer, , ,**Mailing Address 728 Howard Ave  
Apt F4City  
BrooklynState  
NYZip Code  
11212-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878836

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Jennifer, , ,**Mailing Address 728 Howard Ave  
Apt F4City  
BrooklynState  
NYZip Code  
11212-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873890

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooper, Jennifer, , ,**Mailing Address 728 Howard Ave  
Apt F4City  
BrooklynState  
NYZip Code  
11212-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878832

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coqmard, Margaret, , ,**

Mailing Address 51 NW 189th Ter

City  
MiamiState  
FLZip Code  
33169-4022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874004

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coqmard, Margaret, , ,**

Mailing Address 51 NW 189th Ter

City  
MiamiState  
FLZip Code  
33169-4022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882222

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coqmard, Margaret, , ,**

Mailing Address 51 NW 189th Ter

City  
Miami

State  
FL

Zip Code  
33169-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9874006**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coqmard, Margaret, , ,**

Mailing Address 51 NW 189th Ter

City  
Miami

State  
FL

Zip Code  
33169-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9882224**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coqmard, Margaret, , ,**

Mailing Address 51 NW 189th Ter

City  
Miami

State  
FL

Zip Code  
33169-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9874005**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coqmard, Margaret, , ,**

Mailing Address 51 NW 189th Ter

City  
MiamiState  
FLZip Code  
33169-4022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882223

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cordeau, Caleb, , ,**

Mailing Address 2140 Grand Ave

City  
North BaldwinState  
NYZip Code  
11510-2949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9876483

Amount of Each Receipt this Period

32.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cordeau, Caleb, , ,**

Mailing Address 2140 Grand Ave

City  
North BaldwinState  
NYZip Code  
11510-2949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876484

Amount of Each Receipt this Period

32.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cordeau, Caleb, , ,**

Mailing Address 2140 Grand Ave

City  
North Baldwin

State  
NY

Zip Code  
11510-2949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9876481

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cordeau, Caleb, , ,**

Mailing Address 2140 Grand Ave

City  
North Baldwin

State  
NY

Zip Code  
11510-2949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9876482

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cordero, Michael, , ,**

Mailing Address 13 Brookside Dr W

City  
Harriman

State  
NY

Zip Code  
10926-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9878447

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 601 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cordero, Michael, , ,**

Mailing Address 13 Brookside Dr W

City  
HarrimanState  
NYZip Code  
10926-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878448

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cordero, Michael, , ,**

Mailing Address 13 Brookside Dr W

City  
HarrimanState  
NYZip Code  
10926-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878449

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cordero, Michael, , ,**

Mailing Address 13 Brookside Dr W

City  
HarrimanState  
NYZip Code  
10926-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878450

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 OF 2967  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cordero, Michael, , ,**

Mailing Address 13 Brookside Dr W

City  
Harriman

State  
NY

Zip Code  
10926-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9876547**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cordero, Michael, , ,**

Mailing Address 13 Brookside Dr W

City  
Harriman

State  
NY

Zip Code  
10926-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9878446**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City  
Port Saint Lucie

State  
FL

Zip Code  
34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 07 / 2025

**Transaction ID : 9882423**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882424

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874723

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882420

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 604 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9874724

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9882421

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

Transaction ID : 9874725

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cordova, Marilyn, , ,**

Mailing Address 2273 SE Longhorn Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882422

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cornette, Whitney, , ,**

Mailing Address 20 Vital Ave  
Apt 421E

City

Brooklyn

State

NY

Zip Code

11239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai West

Occupation (for Individual)

Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879241

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cornette, Whitney, , ,**

Mailing Address 20 Vital Ave  
Apt 421E

City

Brooklyn

State

NY

Zip Code

11239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai West

Occupation (for Individual)

Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879242

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 606 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cornette, Whitney, , ,**Mailing Address 20 Vital Ave  
Apt 421ECity  
BrooklynState  
NYZip Code  
11239-3011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879243

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cornette, Whitney, , ,**Mailing Address 20 Vital Ave  
Apt 421ECity  
BrooklynState  
NYZip Code  
11239-3011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879244

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cornette, Whitney, , ,**Mailing Address 20 Vital Ave  
Apt 421ECity  
BrooklynState  
NYZip Code  
11239-3011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876555

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 607 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cornette, Whitney, , ,**Mailing Address 20 Vital Ave  
Apt 421ECity  
BrooklynState  
NYZip Code  
11239-3011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876556

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cornish, Sabrina, , ,**

Mailing Address 966 42nd St

City

West Palm Beach

State

FL

Zip Code

33407-3753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Prof II Mast PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882262

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cornish, Sabrina, , ,**

Mailing Address 966 42nd St

City

West Palm Beach

State

FL

Zip Code

33407-3753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Prof II Mast PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882263

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 608 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cornish, Sabrina, , ,**

Mailing Address 966 42nd St

City  
West Palm BeachState  
FLZip Code  
33407-3753FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Prof II Mast PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882264

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cornish, Sabrina, , ,**

Mailing Address 966 42nd St

City  
West Palm BeachState  
FLZip Code  
33407-3753FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Prof II Mast PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874807

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cornish, Sabrina, , ,**

Mailing Address 966 42nd St

City  
West Palm BeachState  
FLZip Code  
33407-3753FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Prof II Mast PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882261

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 609 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                  |             |                                                                                                                     |                                                                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Cornish, Sabrina, , ,</b>                               |             |                                                                                                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">21</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2025</div> |  |
| Mailing Address 966 42nd St                                                                                                                      |             |                                                                                                                     | <b>Transaction ID : 9874806</b>                                                                                                                                                                                                                                                                                     |  |
| City<br>West Palm Beach                                                                                                                          | State<br>FL | Zip Code<br>33407-3753                                                                                              | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>                                                                                                                                                                                        |  |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> |             |                                                                                                                     | <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                  |  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                                              |             | Occupation (for Individual)<br>Mental Health Prof II Mast PRN                                                       |                                                                                                                                                                                                                                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  |             | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">220.00</div> |                                                                                                                                                                                                                                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Cornish, Sabrina, , ,</b>                               |             |                                                                                                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">21</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2025</div> |  |
| Mailing Address 966 42nd St                                                                                                                      |             |                                                                                                                     | <b>Transaction ID : 9882260</b>                                                                                                                                                                                                                                                                                     |  |
| City<br>West Palm Beach                                                                                                                          | State<br>FL | Zip Code<br>33407-3753                                                                                              | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>                                                                                                                                                                                        |  |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> |             |                                                                                                                     | <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                  |  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                                              |             | Occupation (for Individual)<br>Mental Health Prof II Mast PRN                                                       |                                                                                                                                                                                                                                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  |             | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">220.00</div> |                                                                                                                                                                                                                                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Cortes, Angelina, , ,</b>                               |             |                                                                                                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2025</div> |  |
| Mailing Address 10871 Ridgeline Ln                                                                                                               |             |                                                                                                                     | <b>Transaction ID : 9882394</b>                                                                                                                                                                                                                                                                                     |  |
| City<br>Spring Hill                                                                                                                              | State<br>FL | Zip Code<br>34608-3741                                                                                              | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>                                                                                                                                                                                        |  |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> |             |                                                                                                                     | <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                  |  |
| Name of Employer (for Individual)<br>HCA Florida Oak Hill Hospital                                                                               |             | Occupation (for Individual)<br>Transporter                                                                          |                                                                                                                                                                                                                                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    |             | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div> |                                                                                                                                                                                                                                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                                           |             |                                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>                                                                                                                                                                                                                              |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                                 |             |                                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                   |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cortes, Angelina, , ,**

Mailing Address 10871 Ridgeline Ln

City  
Spring Hill

State  
FL

Zip Code  
34608-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2025

**Transaction ID : 9882395**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cortes, Angelina, , ,**

Mailing Address 10871 Ridgeline Ln

City  
Spring Hill

State  
FL

Zip Code  
34608-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 03 / 2025

**Transaction ID : 9882393**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cortes, Angelina, , ,**

Mailing Address 10871 Ridgeline Ln

City  
Spring Hill

State  
FL

Zip Code  
34608-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2025

**Transaction ID : 9874864**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 611 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cortes-Ellison, Theresa, , ,**

Mailing Address 167 Marine St

City  
BronxState  
NYZip Code  
10464-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877773

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cortes-Ellison, Theresa, , ,**

Mailing Address 167 Marine St

City  
BronxState  
NYZip Code  
10464-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877774

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cortes-Ellison, Theresa, , ,**

Mailing Address 167 Marine St

City  
BronxState  
NYZip Code  
10464-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877775

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 612 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cortes-Ellison, Theresa, , ,**

Mailing Address 167 Marine St

City  
BronxState  
NYZip Code  
10464-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877776

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cortes-Ellison, Theresa, , ,**

Mailing Address 167 Marine St

City  
BronxState  
NYZip Code  
10464-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876321

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cortes-Ellison, Theresa, , ,**

Mailing Address 167 Marine St

City  
BronxState  
NYZip Code  
10464-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876322

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 613 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cover, Donna, , ,**

Mailing Address 13715 234th St

City  
RosedaleState  
NYZip Code  
11422-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital Nursing HomeOccupation (for Individual)  
NURSING ASSISTANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879562

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cover, Donna, , ,**

Mailing Address 13715 234th St

City  
RosedaleState  
NYZip Code  
11422-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital Nursing HomeOccupation (for Individual)  
NURSING ASSISTANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879563

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cover, Donna, , ,**

Mailing Address 13715 234th St

City  
RosedaleState  
NYZip Code  
11422-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital Nursing HomeOccupation (for Individual)  
NURSING ASSISTANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9879564

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 614 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cover, Donna, , ,**

Mailing Address 13715 234th St

City  
RosedaleState  
NYZip Code  
11422-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital Nursing HomeOccupation (for Individual)  
NURSING ASSISTANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9874894

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cover, Donna, , ,**

Mailing Address 13715 234th St

City  
RosedaleState  
NYZip Code  
11422-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamaica Hospital Nursing HomeOccupation (for Individual)  
NURSING ASSISTANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9874895

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cox Gay, Lorraine, , ,**

Mailing Address 8910 Bedell Ln

City  
BrooklynState  
NYZip Code  
11236-3215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881551

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 615 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cox Gay, Lorraine, , ,**

Mailing Address 8910 Bedell Ln

City  
BrooklynState  
NYZip Code  
11236-3215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881552

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cox Gay, Lorraine, , ,**

Mailing Address 8910 Bedell Ln

City  
BrooklynState  
NYZip Code  
11236-3215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873683

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cox Gay, Lorraine, , ,**

Mailing Address 8910 Bedell Ln

City  
BrooklynState  
NYZip Code  
11236-3215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881550

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cox, Isaiah, , ,**

Mailing Address 15019 115th Dr

City  
Jamaica

State  
NY

Zip Code  
11434-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Store Clerk - Food Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9879676**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cox, Isaiah, , ,**

Mailing Address 15019 115th Dr

City  
Jamaica

State  
NY

Zip Code  
11434-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Store Clerk - Food Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9879677**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cox, Isaiah, , ,**

Mailing Address 15019 115th Dr

City  
Jamaica

State  
NY

Zip Code  
11434-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Store Clerk - Food Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9879678**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cox, Isaiah, , ,**

Mailing Address 15019 115th Dr

City  
Jamaica

State  
NY

Zip Code  
11434-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Store Clerk - Food Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9879679**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cox, Isaiah, , ,**

Mailing Address 15019 115th Dr

City  
Jamaica

State  
NY

Zip Code  
11434-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Store Clerk - Food Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9876317**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cox, Isaiah, , ,**

Mailing Address 15019 115th Dr

City  
Jamaica

State  
NY

Zip Code  
11434-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Store Clerk - Food Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9879675**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crawford, Ian, , ,**

Mailing Address 215 S 9th Ave  
Apt 10E

City

Mount Vernon

State

NY

Zip Code

10550-3785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Amsterdam Nursing Home

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9874571**

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crawford, Ian, , ,**

Mailing Address 215 S 9th Ave  
Apt 10E

City

Mount Vernon

State

NY

Zip Code

10550-3785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Amsterdam Nursing Home

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2025

**Transaction ID : 9878165**

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crawford, Ian, , ,**

Mailing Address 215 S 9th Ave  
Apt 10E

City

Mount Vernon

State

NY

Zip Code

10550-3785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Amsterdam Nursing Home

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9874572**

Amount of Each Receipt this Period

10.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 619 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crawford, Ian, , ,**Mailing Address 215 S 9th Ave  
Apt 10ECity  
Mount VernonState  
NYZip Code  
10550-3785FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9874573

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crawford, Ian, , ,**Mailing Address 215 S 9th Ave  
Apt 10ECity  
Mount VernonState  
NYZip Code  
10550-3785FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875937

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crocco, Gabriela, , ,**

Mailing Address 11 Wilson St

City  
Staten IslandState  
NYZip Code  
10304-4219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877391

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 620 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crocco, Gabriela, , ,**

Mailing Address 11 Wilson St

City  
Staten IslandState  
NYZip Code  
10304-4219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877392

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crocco, Gabriela, , ,**

Mailing Address 11 Wilson St

City  
Staten IslandState  
NYZip Code  
10304-4219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877393

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crocco, Gabriela, , ,**

Mailing Address 11 Wilson St

City  
Staten IslandState  
NYZip Code  
10304-4219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877394

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crocco, Gabriela, , ,**

Mailing Address 11 Wilson St

City  
Staten Island

State  
NY

Zip Code  
10304-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9873547

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crocco, Gabriela, , ,**

Mailing Address 11 Wilson St

City  
Staten Island

State  
NY

Zip Code  
10304-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CLERK/REGISTRAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9873548

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cromarty, Lavern, , ,**

Mailing Address ALBANY Ave

City  
Brooklyn

State  
NY

Zip Code  
11213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

07 / 30 / 2025

Transaction ID : 9873718

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 622 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cromarty, Lavern, , ,**

Mailing Address ALBANY Ave

City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873719

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cromarty, Lavern, , ,**

Mailing Address ALBANY Ave

City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873717

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cromarty, Lavern, , ,**

Mailing Address ALBANY Ave

City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873720

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

130.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cross, Ann Marie, , ,**Mailing Address 360 Nuber Ave  
Null

City

Mount Vernon

State

NY

Zip Code

10553-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

COUNSELOR (PC)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878230

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cross, Ann Marie, , ,**Mailing Address 360 Nuber Ave  
Null

City

Mount Vernon

State

NY

Zip Code

10553-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

COUNSELOR (PC)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878231

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cross, Ann Marie, , ,**Mailing Address 360 Nuber Ave  
Null

City

Mount Vernon

State

NY

Zip Code

10553-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

COUNSELOR (PC)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9878232

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 624 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cross, Ann Marie, , ,**Mailing Address 360 Nuber Ave  
NullCity  
Mount VernonState  
NYZip Code  
10553-1903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9876421

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cross, Ann Marie, , ,**Mailing Address 360 Nuber Ave  
NullCity  
Mount VernonState  
NYZip Code  
10553-1903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878229

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cross, Ann Marie, , ,**Mailing Address 360 Nuber Ave  
NullCity  
Mount VernonState  
NYZip Code  
10553-1903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
COUNSELOR (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876422

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 625 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cross, Patricia, , ,**

Mailing Address 185 16 JORDAN Ave

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874067

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cross, Patricia, , ,**

Mailing Address 185 16 JORDAN Ave

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874068

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crum, Egypt, , ,**

Mailing Address 1560 Longfellow Ave

Null

City  
BronxState  
NYZip Code  
10460-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
DIETARY AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877701

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 626 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crum, Egypt, , ,**Mailing Address 1560 Longfellow Ave  
NullCity  
BronxState  
NYZip Code  
10460-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
DIETARY AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877702

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crum, Egypt, , ,**Mailing Address 1560 Longfellow Ave  
NullCity  
BronxState  
NYZip Code  
10460-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
DIETARY AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877703

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crum, Egypt, , ,**Mailing Address 1560 Longfellow Ave  
NullCity  
BronxState  
NYZip Code  
10460-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
DIETARY AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877704

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 627 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crum, Egypt, , ,**Mailing Address 1560 Longfellow Ave  
NullCity  
BronxState  
NYZip Code  
10460-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
DIETARY AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9874905

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crum, Egypt, , ,**Mailing Address 1560 Longfellow Ave  
NullCity  
BronxState  
NYZip Code  
10460-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
DIETARY AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9877700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz Hernandez, Juan, , ,**

Mailing Address 82 Palisade Ave

City  
Jersey CityState  
NJZip Code  
07306-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CARDIOVASCULAR TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881689

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz Hernandez, Juan, , ,**

Mailing Address 82 Palisade Ave

City  
Jersey CityState  
NJZip Code  
07306-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CARDIOVASCULAR TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881690

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz Hernandez, Juan, , ,**

Mailing Address 82 Palisade Ave

City  
Jersey CityState  
NJZip Code  
07306-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CARDIOVASCULAR TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881691

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz Hernandez, Juan, , ,**

Mailing Address 82 Palisade Ave

City  
Jersey CityState  
NJZip Code  
07306-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CARDIOVASCULAR TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881692

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 629 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz Hernandez, Juan, , ,**

Mailing Address 82 Palisade Ave

City  
Jersey CityState  
NJZip Code  
07306-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CARDIOVASCULAR TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876368

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz Hernandez, Juan, , ,**

Mailing Address 82 Palisade Ave

City  
Jersey CityState  
NJZip Code  
07306-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CARDIOVASCULAR TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876369

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz Santos, Celia, , ,**Mailing Address 2460 Davidson Ave  
Apt 54BCity  
BronxState  
NYZip Code  
10468-5338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PremierOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882510

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz Santos, Celia, , ,**Mailing Address 2460 Davidson Ave  
Apt 54BCity  
BronxState  
NYZip Code  
10468-5338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PremierOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9882511

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz Santos, Celia, , ,**Mailing Address 2460 Davidson Ave  
Apt 54BCity  
BronxState  
NYZip Code  
10468-5338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PremierOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882512

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz Santos, Celia, , ,**Mailing Address 2460 Davidson Ave  
Apt 54BCity  
BronxState  
NYZip Code  
10468-5338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PremierOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9876855

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 631 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz Santos, Celia, , ,**Mailing Address 2460 Davidson Ave  
Apt 54BCity  
BronxState  
NYZip Code  
10468-5338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PremierOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9882509

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz, Angel, , ,**Mailing Address 5 Commercial St  
# 2RCity  
BrooklynState  
NYZip Code  
11222-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878974

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz, Angel, , ,**Mailing Address 5 Commercial St  
# 2RCity  
BrooklynState  
NYZip Code  
11222-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878975

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz, Angel, , ,**

Mailing Address 5 Commercial St  
# 2R

City  
Brooklyn

State  
NY

Zip Code  
11222-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9873619**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz, Angel, , ,**

Mailing Address 5 Commercial St  
# 2R

City  
Brooklyn

State  
NY

Zip Code  
11222-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

**Transaction ID : 9873620**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz, Angel, , ,**

Mailing Address 5 Commercial St  
# 2R

City  
Brooklyn

State  
NY

Zip Code  
11222-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

**Transaction ID : 9873621**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 633 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz, Angel, , ,**Mailing Address 5 Commercial St  
# 2RCity  
BrooklynState  
NYZip Code  
11222-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873622

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz, Marian, , ,**

Mailing Address 281 Seaview Ave

City  
Jersey CityState  
NJZip Code  
07305-1716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Lab Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9881685

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz, Marian, , ,**

Mailing Address 281 Seaview Ave

City  
Jersey CityState  
NJZip Code  
07305-1716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Lab Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9881686

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 634 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz, Marian, , ,**

Mailing Address 281 Seaview Ave

City  
Jersey CityState  
NJZip Code  
07305-1716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Lab Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9881687

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz, Marian, , ,**

Mailing Address 281 Seaview Ave

City  
Jersey CityState  
NJZip Code  
07305-1716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Lab Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881688

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz, Marian, , ,**

Mailing Address 281 Seaview Ave

City  
Jersey CityState  
NJZip Code  
07305-1716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Lab Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873602

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 635 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz, Marian, , ,**

Mailing Address 281 Seaview Ave

City  
Jersey CityState  
NJZip Code  
07305-1716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Lab Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873603

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz-Vazquez, Evelyn, , ,**Mailing Address 1129 43rd St  
Apt A1City  
BrooklynState  
NYZip Code  
11219-1278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Social Worker MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878957

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz-Vazquez, Evelyn, , ,**Mailing Address 1129 43rd St  
Apt A1City  
BrooklynState  
NYZip Code  
11219-1278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Social Worker MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878958

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 636 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cruz-Vazquez, Evelyn, , ,**Mailing Address 1129 43rd St  
Apt A1City  
BrooklynState  
NYZip Code  
11219-1278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Social Worker MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878959

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cruz-Vazquez, Evelyn, , ,**Mailing Address 1129 43rd St  
Apt A1City  
BrooklynState  
NYZip Code  
11219-1278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Social Worker MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875607

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz-Vazquez, Evelyn, , ,**Mailing Address 1129 43rd St  
Apt A1City  
BrooklynState  
NYZip Code  
11219-1278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Social Worker MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875606

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 637 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cucuzza, Michael, , ,**

Mailing Address 7719 Fort Hamilton Pkwy

City  
BrooklynState  
NYZip Code  
11228-2349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879043

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cucuzza, Michael, , ,**

Mailing Address 7719 Fort Hamilton Pkwy

City  
BrooklynState  
NYZip Code  
11228-2349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879044

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cucuzza, Michael, , ,**

Mailing Address 7719 Fort Hamilton Pkwy

City  
BrooklynState  
NYZip Code  
11228-2349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879045

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cucuzza, Michael, , ,**

Mailing Address 7719 Fort Hamilton Pkwy

City  
Brooklyn

State  
NY

Zip Code  
11228-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9879046**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cucuzza, Michael, , ,**

Mailing Address 7719 Fort Hamilton Pkwy

City  
Brooklyn

State  
NY

Zip Code  
11228-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9873645**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cucuzza, Michael, , ,**

Mailing Address 7719 Fort Hamilton Pkwy

City  
Brooklyn

State  
NY

Zip Code  
11228-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9873646**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 639 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
Null

City

Valley Stream

State

NY

Zip Code

11580-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Flushing Hospital Medical Center

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9879895

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
Null

City

Valley Stream

State

NY

Zip Code

11580-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Flushing Hospital Medical Center

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879906

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
Null

City

Valley Stream

State

NY

Zip Code

11580-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Flushing Hospital Medical Center

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879896

Amount of Each Receipt this Period

10.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 640 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
Null

City

Valley Stream

State

NY

Zip Code

11580-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Flushing Hospital Medical Center

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2025

Transaction ID : 9879897

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
Null

City

Valley Stream

State

NY

Zip Code

11580-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Flushing Hospital Medical Center

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9879898

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
Null

City

Valley Stream

State

NY

Zip Code

11580-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Flushing Hospital Medical Center

Occupation (for Individual)

NURSING ATTENDANT

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874428

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 641 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
NullCity  
Valley StreamState  
NYZip Code  
11580-4321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9879904

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
NullCity  
Valley StreamState  
NYZip Code  
11580-4321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879899

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
NullCity  
Valley StreamState  
NYZip Code  
11580-4321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879900

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
NullCity  
Valley StreamState  
NYZip Code  
11580-4321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874429

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cuison, Nona, , ,**Mailing Address 19 E Maujer St  
NullCity  
Valley StreamState  
NYZip Code  
11580-4321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879905

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Currie, Tuqawn, , ,**Mailing Address 148 W 88th St  
Apt # 1FCity  
New YorkState  
NYZip Code  
10024-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879733

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Currie, Tuqawn, , ,**

Mailing Address 148 W 88th St  
Apt # 1F

City  
New York

State  
NY

Zip Code  
10024-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9879734**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Currie, Tuqawn, , ,**

Mailing Address 148 W 88th St  
Apt # 1F

City  
New York

State  
NY

Zip Code  
10024-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9879735**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Currie, Tuqawn, , ,**

Mailing Address 148 W 88th St  
Apt # 1F

City  
New York

State  
NY

Zip Code  
10024-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

**Transaction ID : 9879736**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Currie, Tuqawn, , ,**Mailing Address 148 W 88th St  
Apt # 1FCity  
New YorkState  
NYZip Code  
10024-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876052

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Currie, Tuqawn, , ,**Mailing Address 148 W 88th St  
Apt # 1FCity  
New YorkState  
NYZip Code  
10024-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879732

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dadzie, Yvonne, , ,**

Mailing Address 9 E 2nd St

City  
Huntington StationState  
NYZip Code  
11746-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880243

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 645 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dadzie, Yvonne, , ,**

Mailing Address 9 E 2nd St

City  
Huntington StationState  
NYZip Code  
11746-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9880244

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dadzie, Yvonne, , ,**

Mailing Address 9 E 2nd St

City  
Huntington StationState  
NYZip Code  
11746-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880245

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dadzie, Yvonne, , ,**

Mailing Address 9 E 2nd St

City  
Huntington StationState  
NYZip Code  
11746-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9880246

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 646 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dadzie, Yvonne, , ,**

Mailing Address 9 E 2nd St

City  
Huntington StationState  
NYZip Code  
11746-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875919

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dadzie, Yvonne, , ,**

Mailing Address 9 E 2nd St

City  
Huntington StationState  
NYZip Code  
11746-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875920

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Charmaine, , ,**

Mailing Address 954 E 226th St

Null

City  
BronxState  
NYZip Code  
10466-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877835

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Charmaine, , ,**Mailing Address 954 E 226th St  
NullCity  
BronxState  
NYZip Code  
10466-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877837

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daley, Charmaine, , ,**Mailing Address 954 E 226th St  
NullCity  
BronxState  
NYZip Code  
10466-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877838

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Charmaine, , ,**Mailing Address 954 E 226th St  
NullCity  
BronxState  
NYZip Code  
10466-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877839

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 648 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Charmaine, , ,**Mailing Address 954 E 226th St  
NullCity  
BronxState  
NYZip Code  
10466-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875342

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daley, Charmaine, , ,**Mailing Address 954 E 226th St  
NullCity  
BronxState  
NYZip Code  
10466-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877836

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Doreen E, , ,**

Mailing Address 2725 N 26th Pl

City  
Fort LauderdaleState  
FLZip Code  
33311-6670FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874943

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 649 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Doreen E, , ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874944

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daley, Doreen E, , ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874945

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Doreen E, , ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874946

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Doreen E, , ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874947

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daley, Doreen E, , ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874948

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Doreen E, , ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874950

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 651 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Doreen E, ,**

Mailing Address 2725 NW 9th Pl

City

Fort Lauderdale

State

FL

Zip Code

33311-6670

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

**Transaction ID : 9874949**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daley, Patricia, ,**

Mailing Address 11591 226th St

City

Cambria Heights

State

NY

Zip Code

11411-1426

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2025        |

**Transaction ID : 9875092**

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Patricia, ,**

Mailing Address 11591 226th St

City

Cambria Heights

State

NY

Zip Code

11411-1426

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

559.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 30    |   | 2025        |

**Transaction ID : 9875093**

Amount of Each Receipt this Period

43.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

106.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 652 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Patricia, , ,**

Mailing Address 11591 226th St

City  
Cambria HeightsState  
NYZip Code  
11411-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9875094

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daley, Patricia, , ,**

Mailing Address 11591 226th St

City  
Cambria HeightsState  
NYZip Code  
11411-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875095

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daley, Patricia, , ,**

Mailing Address 11591 226th St

City  
Cambria HeightsState  
NYZip Code  
11411-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875096

Amount of Each Receipt this Period

43.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

129.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 653 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daley, Patricia, , ,**

Mailing Address 11591 226th St

City  
Cambria HeightsState  
NYZip Code  
11411-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875097

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Damas, Christina, , ,**

Mailing Address 9021 Winchester Blvd

City  
Queens VillageState  
NYZip Code  
11428-1366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Little Neck Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879613

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Damas, Christina, , ,**

Mailing Address 9021 Winchester Blvd

City  
Queens VillageState  
NYZip Code  
11428-1366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Little Neck Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9875841

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

65.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Damas, Christina, , ,**

Mailing Address 9021 Winchester Blvd

City

Queens Village

State

NY

Zip Code

11428-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Little Neck Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9879611

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Damas, Christina, , ,**

Mailing Address 9021 Winchester Blvd

City

Queens Village

State

NY

Zip Code

11428-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Little Neck Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875842

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Damas, Christina, , ,**

Mailing Address 9021 Winchester Blvd

City

Queens Village

State

NY

Zip Code

11428-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Little Neck Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9879612

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 655 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daniels, Tysheen, , ,**Mailing Address 11 Fairbanks Ave  
Apt 6City  
BuffaloState  
NYZip Code  
14223-3148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873489

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Daniels, Tysheen, , ,**Mailing Address 11 Fairbanks Ave  
Apt 6City  
BuffaloState  
NYZip Code  
14223-3148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873490

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dasilva, Simone, , ,**

Mailing Address 187 Saratoga Ave

City  
BrooklynState  
NYZip Code  
11233-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9879094

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 656 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dasilva, Simone, , ,**

Mailing Address 187 Saratoga Ave

City  
BrooklynState  
NYZip Code  
11233-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9879095

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dasilva, Simone, , ,**

Mailing Address 187 Saratoga Ave

City  
BrooklynState  
NYZip Code  
11233-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879096

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dasilva, Simone, , ,**

Mailing Address 187 Saratoga Ave

City  
BrooklynState  
NYZip Code  
11233-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9879097

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 657 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dasilva, Simone, , ,**

Mailing Address 187 Saratoga Ave

City  
BrooklynState  
NYZip Code  
11233-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875780

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dasilva, Simone, , ,**

Mailing Address 187 Saratoga Ave

City  
BrooklynState  
NYZip Code  
11233-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9879093

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882199

Amount of Each Receipt this Period

24.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 658 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882200

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882203

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9882204

Amount of Each Receipt this Period

12.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

48.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9882205

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9882206

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874134

Amount of Each Receipt this Period

12.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 660 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9882201

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dasne, Sandrine, , ,**

Mailing Address 813 NW 110th St

City  
MiamiState  
FLZip Code  
33168-2138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9882202

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. David, Marie, , ,**Mailing Address 2117 Foster Ave  
Apt D3City  
BrooklynState  
NYZip Code  
11210-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878815

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

68.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. David, Marie, , ,**Mailing Address 2117 Foster Ave  
Apt D3City  
BrooklynState  
NYZip Code  
11210-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9878816

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. David, Marie, , ,**Mailing Address 2117 Foster Ave  
Apt D3City  
BrooklynState  
NYZip Code  
11210-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. David, Marie, , ,**Mailing Address 2117 Foster Ave  
Apt D3City  
BrooklynState  
NYZip Code  
11210-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878818

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 662 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. David, Marie, , ,**Mailing Address 2117 Foster Ave  
Apt D3City  
BrooklynState  
NYZip Code  
11210-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9873995

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. David, Marie, , ,**Mailing Address 2117 Foster Ave  
Apt D3City  
BrooklynState  
NYZip Code  
11210-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9878814

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. David, Ronald, , ,**

Mailing Address 9 Arden Ct

City  
MiddletownState  
NYZip Code  
10940-5071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878476

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 663 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. David, Ronald, , ,**

Mailing Address 9 Arden Ct

City  
MiddletownState  
NYZip Code  
10940-5071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878477

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. David, Ronald, , ,**

Mailing Address 9 Arden Ct

City  
MiddletownState  
NYZip Code  
10940-5071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878478

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. David, Ronald, , ,**

Mailing Address 9 Arden Ct

City  
MiddletownState  
NYZip Code  
10940-5071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878479

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. David, Ronald, , ,**

Mailing Address 9 Arden Ct

City  
MiddletownState  
NYZip Code  
10940-5071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. David, Ronald, , ,**

Mailing Address 9 Arden Ct

City  
MiddletownState  
NYZip Code  
10940-5071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876377

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. David, Xonophett, , ,**

Mailing Address 582 Powell St

City  
BrooklynState  
NYZip Code  
11212-7034FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bushwick Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873385

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 665 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. David, Xonophett, , ,**

Mailing Address 582 Powell St

City  
BrooklynState  
NYZip Code  
11212-7034FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bushwick Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873386

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Antoinette, , ,**

Mailing Address 1803 Midland Ave

City  
SyracuseState  
NYZip Code  
13205-1609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9880639

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Antoinette, , ,**

Mailing Address 1803 Midland Ave

City  
SyracuseState  
NYZip Code  
13205-1609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880636

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 666 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |                        |                                                         |                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Davis, Antoinette, , ,</b>             |                        |                                                         | Date of Receipt<br>MM / DD / YYYY<br>09 / 09 / 2025<br><b>Transaction ID : 9880634</b> |  |
| Mailing Address 1803 Midland Ave                                                                                                |                        |                                                         | Amount of Each Receipt this Period<br>50.00<br><input type="checkbox"/> Memo Item      |  |
| City<br>Syracuse                                                                                                                | State<br>NY            | Zip Code<br>13205-1609                                  |                                                                                        |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                        |                                                         |                                                                                        |  |
| Name of Employer (for Individual)<br>Central Park Rehab                                                                         |                        | Occupation (for Individual)<br>Licensed Practical Nurse |                                                                                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Aggregate Year-to-Date ▼<br>250.00                      |                                                                                        |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Davis, Antoinette, , ,</b>             |                        |                                                         |                                                                                        |  |
| Mailing Address 1803 Midland Ave                                                                                                |                        |                                                         | Date of Receipt<br>MM / DD / YYYY<br>10 / 16 / 2025<br><b>Transaction ID : 9880637</b> |  |
| City<br>Syracuse                                                                                                                |                        |                                                         | Amount of Each Receipt this Period<br>40.00<br><input type="checkbox"/> Memo Item      |  |
| State<br>NY                                                                                                                     | Zip Code<br>13205-1609 |                                                         |                                                                                        |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                        |                                                         |                                                                                        |  |
| Name of Employer (for Individual)<br>Central Park Rehab                                                                         |                        | Occupation (for Individual)<br>Licensed Practical Nurse |                                                                                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Aggregate Year-to-Date ▼<br>250.00                      |                                                                                        |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Davis, Antoinette, , ,</b>             |                        |                                                         |                                                                                        |  |
| Mailing Address 1803 Midland Ave                                                                                                |                        |                                                         | Date of Receipt<br>MM / DD / YYYY<br>11 / 14 / 2025<br><b>Transaction ID : 9880635</b> |  |
| City<br>Syracuse                                                                                                                |                        |                                                         | Amount of Each Receipt this Period<br>50.00<br><input type="checkbox"/> Memo Item      |  |
| State<br>NY                                                                                                                     | Zip Code<br>13205-1609 |                                                         |                                                                                        |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                        |                                                         |                                                                                        |  |
| Name of Employer (for Individual)<br>Central Park Rehab                                                                         |                        | Occupation (for Individual)<br>Licensed Practical Nurse |                                                                                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                        | Aggregate Year-to-Date ▼<br>250.00                      |                                                                                        |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                         |                        |                                                         | 140.00                                                                                 |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                               |                        |                                                         |                                                                                        |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 667 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Antoinette, , ,**

Mailing Address 1803 Midland Ave

City  
SyracuseState  
NYZip Code  
13205-1609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9880638

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Letetia, , ,**Mailing Address 1392 Dumont Ave  
FI 1City  
BrooklynState  
NYZip Code  
11208-4604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873851

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Letetia, , ,**Mailing Address 1392 Dumont Ave  
FI 1City  
BrooklynState  
NYZip Code  
11208-4604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873849

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Letetia, , ,**

Mailing Address 1392 Dumont Ave  
 Fl 1

City  
 Brooklyn

State  
 NY

Zip Code  
 11208-4604

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
 07 / 30 / 2025

Transaction ID : 9880728

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Letetia, , ,**

Mailing Address 1392 Dumont Ave  
 Fl 1

City  
 Brooklyn

State  
 NY

Zip Code  
 11208-4604

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
 08 / 04 / 2025

Transaction ID : 9880727

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Letetia, , ,**

Mailing Address 1392 Dumont Ave  
 Fl 1

City  
 Brooklyn

State  
 NY

Zip Code  
 11208-4604

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
 08 / 05 / 2025

Transaction ID : 9873850

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Letetia, , ,**Mailing Address 1392 Dumont Ave  
Fl 1City  
BrooklynState  
NYZip Code  
11208-4604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9880726

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Marina, , ,**

Mailing Address 5049 Loucks Pond Rd

City  
AvocaState  
NYZip Code  
14809-9734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881815

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Marina, , ,**

Mailing Address 5049 Loucks Pond Rd

City  
AvocaState  
NYZip Code  
14809-9734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881817

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Marina, , ,**

Mailing Address 5049 Loucks Pond Rd

City  
Avoca

State  
NY

Zip Code  
14809-9734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 06 / 2025

**Transaction ID : 9881816**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Marina, , ,**

Mailing Address 5049 Loucks Pond Rd

City  
Avoca

State  
NY

Zip Code  
14809-9734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 19 / 2025

**Transaction ID : 9881819**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Marina, , ,**

Mailing Address 5049 Loucks Pond Rd

City  
Avoca

State  
NY

Zip Code  
14809-9734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 03 / 2025

**Transaction ID : 9881820**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Davis, Marina, , ,</b></p> <p>Mailing Address 5049 Loucks Pond Rd</p> <p>City Avoca State NY Zip Code 14809-9734</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Corning Hospital Occupation (for Individual) Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p> |  |  | <p>Date of Receipt</p> <p><b>09 / 09 / 2025</b></p> <p><b>Transaction ID : 9881818</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Davis, Marina, , ,</b></p> <p>Mailing Address 5049 Loucks Pond Rd</p> <p>City Avoca State NY Zip Code 14809-9734</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Corning Hospital Occupation (for Individual) Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p> |  |  | <p>Date of Receipt</p> <p><b>09 / 24 / 2025</b></p> <p><b>Transaction ID : 9881821</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Davis, Marina, , ,</b></p> <p>Mailing Address 5049 Loucks Pond Rd</p> <p>City Avoca State NY Zip Code 14809-9734</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Corning Hospital Occupation (for Individual) Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p> |  |  | <p>Date of Receipt</p> <p><b>10 / 10 / 2025</b></p> <p><b>Transaction ID : 9876596</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  | <p>30.00</p>                                                                                                                                                                         |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | <p></p>                                                                                                                                                                              |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                 |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Davis, Marina, , ,</b>                 |             |                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 24 / 2025<br><b>Transaction ID : 9876598</b> |  |
| Mailing Address 5049 Loucks Pond Rd                                                                                             |             |                                                 | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Avoca                                                                                                                   | State<br>NY | Zip Code<br>14809-9734                          | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>260.00              |                                                                                                     |  |
| Name of Employer (for Individual)<br>Corning Hospital                                                                           |             | Occupation (for Individual)<br>Registered Nurse |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                 |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Davis, Marina, , ,</b>                 |             |                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 10 / 2025<br><b>Transaction ID : 9876597</b> |  |
| Mailing Address 5049 Loucks Pond Rd                                                                                             |             |                                                 | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Avoca                                                                                                                   | State<br>NY | Zip Code<br>14809-9734                          | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>260.00              |                                                                                                     |  |
| Name of Employer (for Individual)<br>Corning Hospital                                                                           |             | Occupation (for Individual)<br>Registered Nurse |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                 |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Davis, Marina, , ,</b>                 |             |                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 20 / 2025<br><b>Transaction ID : 9876600</b> |  |
| Mailing Address 5049 Loucks Pond Rd                                                                                             |             |                                                 | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Avoca                                                                                                                   | State<br>NY | Zip Code<br>14809-9734                          | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>260.00              |                                                                                                     |  |
| Name of Employer (for Individual)<br>Corning Hospital                                                                           |             | Occupation (for Individual)<br>Registered Nurse |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                 |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                 | 30.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                 |                                                                                                     |  |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 673 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Davis, Marina, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 03 / 2025<br><b>Transaction ID : 9876599</b> |
| Mailing Address 5049 Loucks Pond Rd                                                                                             |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>Avoca                                                                                                                   | State<br>NY | <input type="checkbox"/> Memo Item                                                                  |
| Zip Code<br>14809-9734                                                                                                          |             |                                                                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |
| Name of Employer (for Individual)<br>Corning Hospital                                                                           |             |                                                                                                     |
| Occupation (for Individual)<br>Registered Nurse                                                                                 |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                                                                     |
| Aggregate Year-to-Date ▼<br>260.00                                                                                              |             |                                                                                                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Davis, Marina, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 19 / 2025<br><b>Transaction ID : 9876601</b> |
| Mailing Address 5049 Loucks Pond Rd                                                                                             |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>Avoca                                                                                                                   | State<br>NY | <input type="checkbox"/> Memo Item                                                                  |
| Zip Code<br>14809-9734                                                                                                          |             |                                                                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |
| Name of Employer (for Individual)<br>Corning Hospital                                                                           |             |                                                                                                     |
| Occupation (for Individual)<br>Registered Nurse                                                                                 |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                                                                     |
| Aggregate Year-to-Date ▼<br>260.00                                                                                              |             |                                                                                                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Davis, Pauline, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 25 / 2025<br><b>Transaction ID : 9873373</b> |
| Mailing Address 130 Clarkson Ave                                                                                                |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | <input type="checkbox"/> Memo Item                                                                  |
| Zip Code<br>11226-2078                                                                                                          |             |                                                                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |
| Name of Employer (for Individual)<br>Bushwick Center for Rehabilitation and                                                     |             |                                                                                                     |
| Occupation (for Individual)<br>Certified Nursing Assistant                                                                      |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                                                                     |
| Aggregate Year-to-Date ▼<br>260.00                                                                                              |             |                                                                                                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 40.00                                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 674 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Pauline, , ,**

Mailing Address 130 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bushwick Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873374

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis-Skeen, Kerlene, , ,**

Mailing Address 144 Howard Ave

City  
AnsoniaState  
CTZip Code  
06401-1745FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874903

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis-Skeen, Kerlene, , ,**

Mailing Address 144 Howard Ave

City  
AnsoniaState  
CTZip Code  
06401-1745FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874904

Amount of Each Receipt this Period

72.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

164.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dawkins, Cassandra, , ,**

Mailing Address 15311 125th Ave

City  
Jamaica

State  
NY

Zip Code  
11434-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and Health

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

**Transaction ID : 9873767**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dawkins, Cassandra, , ,**

Mailing Address 15311 125th Ave

City  
Jamaica

State  
NY

Zip Code  
11434-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and Health

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9873768**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dawson, Nicole, , ,**

Mailing Address 1349 E 99th St

City  
Brooklyn

State  
NY

Zip Code  
11236-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2025

**Transaction ID : 9879195**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 676 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dawson, Nicole, , ,**

Mailing Address 1349 E 99th St

City  
BrooklynState  
NYZip Code  
11236-5323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879196

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dawson, Nicole, , ,**

Mailing Address 1349 E 99th St

City  
BrooklynState  
NYZip Code  
11236-5323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879197

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dawson, Nicole, , ,**

Mailing Address 1349 E 99th St

City  
BrooklynState  
NYZip Code  
11236-5323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9879198

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 OF 2967  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dawson, Nicole, , ,**

Mailing Address 1349 E 99th St

City  
Brooklyn

State  
NY

Zip Code  
11236-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : 9873425**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dawson, Nicole, , ,**

Mailing Address 1349 E 99th St

City  
Brooklyn

State  
NY

Zip Code  
11236-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9873426**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dayan, Maan Darisse, , ,**

Mailing Address 3045 37th St

Null

City  
Long Island City

State  
NY

Zip Code  
11103-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus (RN)

Occupation (for Individual)

NURSE PRACTITIONER-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2025

**Transaction ID : 9878660**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 678 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dayan, Maan Darisse, , ,**Mailing Address 3045 37th St  
NullCity  
Long Island CityState  
NYZip Code  
11103-3808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
NURSE PRACTITIONER-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878661

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dayan, Maan Darisse, , ,**Mailing Address 3045 37th St  
NullCity  
Long Island CityState  
NYZip Code  
11103-3808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
NURSE PRACTITIONER-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878662

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dayan, Maan Darisse, , ,**Mailing Address 3045 37th St  
NullCity  
Long Island CityState  
NYZip Code  
11103-3808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
NURSE PRACTITIONER-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878663

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dayan, Maan Darisse, , ,**Mailing Address 3045 37th St  
NullCity  
Long Island CityState  
NYZip Code  
11103-3808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
NURSE PRACTITIONER-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874446

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dayan, Maan Darisse, , ,**Mailing Address 3045 37th St  
NullCity  
Long Island CityState  
NYZip Code  
11103-3808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
NURSE PRACTITIONER-WAKEFIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874447

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. De Jesus, Sugeily, , ,**

Mailing Address 222 Middle Rd

City  
RiverheadState  
NYZip Code  
11901-2032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9875549

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 680 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                             |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. De Jesus, Sugeily, , ,</b>             |             |                                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 18 / 2025<br><b>Transaction ID : 9875550</b> |  |
| Mailing Address 222 Middle Rd                                                                                                   |             |                                             | Amount of Each Receipt this Period<br>30.00                                                     |  |
| City<br>Riverhead                                                                                                               | State<br>NY | Zip Code<br>11901-2032                      | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>360.00          |                                                                                                 |  |
| Name of Employer (for Individual)<br>Peconic Bay Medical Center                                                                 |             | Occupation (for Individual)<br>DIETARY AIDE |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                             |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. De Jesus, Sugeily, , ,</b>             |             |                                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 15 / 2025<br><b>Transaction ID : 9875551</b> |  |
| Mailing Address 222 Middle Rd                                                                                                   |             |                                             | Amount of Each Receipt this Period<br>30.00                                                     |  |
| City<br>Riverhead                                                                                                               | State<br>NY | Zip Code<br>11901-2032                      | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>360.00          |                                                                                                 |  |
| Name of Employer (for Individual)<br>Peconic Bay Medical Center                                                                 |             | Occupation (for Individual)<br>DIETARY AIDE |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                             |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. De Jesus, Sugeily, , ,</b>             |             |                                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 15 / 2025<br><b>Transaction ID : 9875552</b> |  |
| Mailing Address 222 Middle Rd                                                                                                   |             |                                             | Amount of Each Receipt this Period<br>30.00                                                     |  |
| City<br>Riverhead                                                                                                               | State<br>NY | Zip Code<br>11901-2032                      | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>360.00          |                                                                                                 |  |
| Name of Employer (for Individual)<br>Peconic Bay Medical Center                                                                 |             | Occupation (for Individual)<br>DIETARY AIDE |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                             |                                                                                                 |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                             | 90.00                                                                                           |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                             |                                                                                                 |  |



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. De Jesus, Sugeily, , ,

Mailing Address 222 Middle Rd

City  
RiverheadState  
NYZip Code  
11901-2032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9875553

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. De Jesus, Sugeily, , ,

Mailing Address 222 Middle Rd

City  
RiverheadState  
NYZip Code  
11901-2032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9875554

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. De Jesus, William, , ,

Mailing Address 224 E28th St

City  
New YorkState  
NYZip Code  
10016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
BldgSvAtnd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9877148

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. De Jesus, William, , ,**

Mailing Address 224 E28th St

City  
New York

State  
NY

Zip Code  
10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
BldgSvAtnd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9877149

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. De Jesus, William, , ,**

Mailing Address 224 E28th St

City  
New York

State  
NY

Zip Code  
10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
BldgSvAtnd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 16 / 2025

Transaction ID : 9877150

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. De Jesus, William, , ,**

Mailing Address 224 E28th St

City  
New York

State  
NY

Zip Code  
10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
BldgSvAtnd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9877151

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 683 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. De Jesus, William, , ,**

Mailing Address 224 E28th St

City  
New YorkState  
NYZip Code  
10016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
BldgSvAtnd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9875171

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. De Jesus, William, , ,**

Mailing Address 224 E28th St

City  
New YorkState  
NYZip Code  
10016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
BldgSvAtnd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9877147

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. De La Cruz, Gala, , ,**Mailing Address 503 W 150th St  
Apt 2City  
New YorkState  
NYZip Code  
10031-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Reception Associate I-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877252

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. De La Cruz, Gala, , ,**

Mailing Address 503 W 150th St  
Apt 2

City  
New York

State  
NY

Zip Code  
10031-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Reception Associate I-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 08 / 2025

Transaction ID : 9877253

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. De La Cruz, Gala, , ,**

Mailing Address 503 W 150th St  
Apt 2

City  
New York

State  
NY

Zip Code  
10031-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Reception Associate I-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9877254

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. De La Cruz, Gala, , ,**

Mailing Address 503 W 150th St  
Apt 2

City  
New York

State  
NY

Zip Code  
10031-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Reception Associate I-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 09 / 2025

Transaction ID : 9877255

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. De La Cruz, Gala, , ,**Mailing Address 503 W 150th St  
Apt 2City  
New YorkState  
NYZip Code  
10031-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Reception Associate I-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876121

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. De La Cruz, Gala, , ,**Mailing Address 503 W 150th St  
Apt 2City  
New YorkState  
NYZip Code  
10031-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Reception Associate I-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877251

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Decunha, Dorret, , ,**

Mailing Address 1470 Point Breeze Pl

City  
Far RockawayState  
NYZip Code  
11691-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880034

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Decunha, Dorret, , ,**

Mailing Address 1470 Point Breeze Pl

City

Far Rockaway

State

NY

Zip Code

11691-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880035

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Decunha, Dorret, , ,**

Mailing Address 1470 Point Breeze Pl

City

Far Rockaway

State

NY

Zip Code

11691-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880036

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Decunha, Dorret, , ,**

Mailing Address 1470 Point Breeze Pl

City

Far Rockaway

State

NY

Zip Code

11691-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880037

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 687 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Decunha, Dorret, , ,**

Mailing Address 1470 Point Breeze Pl

City

Far Rockaway

State

NY

Zip Code

11691-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873434

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Decunha, Dorret, , ,**

Mailing Address 1470 Point Breeze Pl

City

Far Rockaway

State

NY

Zip Code

11691-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Nurse Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873435

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dejesus, Juana, , ,**Mailing Address 1035 Woodycrest Ave  
# 2-E

City

Bronx

State

NY

Zip Code

10452-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Stella Orton Home Care Agency

Occupation (for Individual)

Home Health Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877551

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dejesus, Juana, , ,**Mailing Address 1035 Woodycrest Ave  
# 2-ECity  
BronxState  
NYZip Code  
10452-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877552

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dejesus, Juana, , ,**Mailing Address 1035 Woodycrest Ave  
# 2-ECity  
BronxState  
NYZip Code  
10452-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877553

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dejesus, Juana, , ,**Mailing Address 1035 Woodycrest Ave  
# 2-ECity  
BronxState  
NYZip Code  
10452-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877554

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dejesus, Juana, , ,**

Mailing Address 1035 Woodycrest Ave  
# 2-E

City  
Bronx

State  
NY

Zip Code  
10452-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2025

Transaction ID : 9877555

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dejesus, Juana, , ,**

Mailing Address 1035 Woodycrest Ave  
# 2-E

City  
Bronx

State  
NY

Zip Code  
10452-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874855

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dejesus, Juana, , ,**

Mailing Address 1035 Woodycrest Ave  
# 2-E

City  
Bronx

State  
NY

Zip Code  
10452-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 25 / 2025

Transaction ID : 9874856

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dejesus, Juana, , ,**Mailing Address 1035 Woodycrest Ave  
# 2-ECity  
BronxState  
NYZip Code  
10452-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874857

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dejesus, Juana, , ,**Mailing Address 1035 Woodycrest Ave  
# 2-ECity  
BronxState  
NYZip Code  
10452-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874858

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delgado, Lucelly, , ,**Mailing Address 453 W 125th St  
Apt 14City  
New YorkState  
NYZip Code  
10027-4283FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
PATIENT SERVICE REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877192

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 691 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Delgado, Lucelly, , ,</b>              |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 08 / 2025<br><b>Transaction ID : 9877193</b> |
| Mailing Address 453 W 125th St<br>Apt 14                                                                                        |             | Amount of Each Receipt this Period<br>20.00                                                     |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10027-4283                                                                          |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                              |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>PATIENT SERVICE REPRESENTATIV                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                              |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Delgado, Lucelly, , ,</b>              |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 03 / 2025<br><b>Transaction ID : 9877194</b> |
| Mailing Address 453 W 125th St<br>Apt 14                                                                                        |             | Amount of Each Receipt this Period<br>20.00                                                     |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10027-4283                                                                          |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                              |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>PATIENT SERVICE REPRESENTATIV                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                              |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Delgado, Lucelly, , ,</b>              |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 08 / 2025<br><b>Transaction ID : 9877195</b> |
| Mailing Address 453 W 125th St<br>Apt 14                                                                                        |             | Amount of Each Receipt this Period<br>20.00                                                     |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10027-4283                                                                          |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                              |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>PATIENT SERVICE REPRESENTATIV                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                                                              |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                           |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                 |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 692 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                            |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Delgado, Lucelly, , ,</b>                         |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>11</div><div>07</div><div>2025</div></div> <b>Transaction ID : 9875902</b> |  |                     |
| Mailing Address 453 W 125th St<br>Apt 14                                                                                                   |  |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div><br><input type="checkbox"/> Memo Item                               |  |                     |
| City New York                                                                                                                              |  | State NY                                                                                                        |                                                                                                                                                                                              |  | Zip Code 10027-4283 |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                               |  | Occupation (for Individual)<br>PATIENT SERVICE REPRESENTATIV                                                    |                                                                                                                                                                                              |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  |                                                                                                                 | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>                                                                              |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Delgado, Lucelly, , ,</b>                         |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Mailing Address 453 W 125th St<br>Apt 14                                                                                                   |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>12</div><div>04</div><div>2025</div></div> <b>Transaction ID : 9875903</b> |  |                     |
| City New York                                                                                                                              |  | State NY                                                                                                        | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div><br><input type="checkbox"/> Memo Item                               |  |                     |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  | Zip Code 10027-4283                                                                                             |                                                                                                                                                                                              |  |                     |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                               |  | Occupation (for Individual)<br>PATIENT SERVICE REPRESENTATIV                                                    |                                                                                                                                                                                              |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div> |                                                                                                                                                                                              |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Delgado, Miguel, , ,</b>                          |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Mailing Address 298 Bunker Hill Rd                                                                                                         |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>07</div><div>15</div><div>2025</div></div> <b>Transaction ID : 9878515</b> |  |                     |
| City Orangeburg                                                                                                                            |  | State NY                                                                                                        | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div><br><input type="checkbox"/> Memo Item                               |  |                     |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  | Zip Code 10962-2603                                                                                             |                                                                                                                                                                                              |  |                     |
| Name of Employer (for Individual)<br>White Plains Hospital                                                                                 |  | Occupation (for Individual)<br>Ultrasound Technologist                                                          |                                                                                                                                                                                              |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">230.00</div> |                                                                                                                                                                                              |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                                     |  |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>                                                                                                           |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                           |  |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
OrangeburgState  
NYZip Code  
10962-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878516

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
OrangeburgState  
NYZip Code  
10962-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878517

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
OrangeburgState  
NYZip Code  
10962-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878518

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
OrangeburgState  
NYZip Code  
10962-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9878519

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
OrangeburgState  
NYZip Code  
10962-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875997

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
OrangeburgState  
NYZip Code  
10962-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878513

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
Orangeburg

State  
NY

Zip Code  
10962-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9875996

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
Orangeburg

State  
NY

Zip Code  
10962-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9878512

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
Orangeburg

State  
NY

Zip Code  
10962-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9875998

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delgado, Miguel, , ,**

Mailing Address 298 Bunker Hill Rd

City  
Orangeburg

State  
NY

Zip Code  
10962-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9878514**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Delgado, Yolanda, , ,**

Mailing Address 13505 Hoover Ave  
Apt 2C

City  
Jamaica

State  
NY

Zip Code  
11435-1486

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing H

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9879717**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delgado, Yolanda, , ,**

Mailing Address 13505 Hoover Ave  
Apt 2C

City  
Jamaica

State  
NY

Zip Code  
11435-1486

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing H

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9879718**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 697 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delgado, Yolanda, , ,**Mailing Address 13505 Hoover Ave  
Apt 2CCity  
JamaicaState  
NYZip Code  
11435-1486FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9879719

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Delgado, Yolanda, , ,**Mailing Address 13505 Hoover Ave  
Apt 2CCity  
JamaicaState  
NYZip Code  
11435-1486FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879720

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delgado, Yolanda, , ,**Mailing Address 13505 Hoover Ave  
Apt 2CCity  
JamaicaState  
NYZip Code  
11435-1486FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873859

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 698 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delgado, Yolanda, , ,**Mailing Address 13505 Hoover Ave  
Apt 2CCity  
JamaicaState  
NYZip Code  
11435-1486FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879716

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Deliva, Chelo, , ,**

Mailing Address 1387 E 91st St

City  
BrooklynState  
NYZip Code  
11236-4714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879150

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Deliva, Chelo, , ,**

Mailing Address 1387 E 91st St

City  
BrooklynState  
NYZip Code  
11236-4714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879151

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Deliva, Chelo, , ,**

Mailing Address 1387 E 91st St

City  
Brooklyn

State  
NY

Zip Code  
11236-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9873947**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Deliva, Chelo, , ,**

Mailing Address 1387 E 91st St

City  
Brooklyn

State  
NY

Zip Code  
11236-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9879149**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delva, Katiana, , ,**

Mailing Address 830 NW 155th Ln  
Apt 205

City  
Miami

State  
FL

Zip Code  
33169-6168

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

**Transaction ID : 9875043**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Delva, Katiana, , ,**Mailing Address 830 NW 155th Ln  
Apt 205City  
MiamiState  
FLZip Code  
33169-6168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875044

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Delva, Katiana, , ,**Mailing Address 830 NW 155th Ln  
Apt 205City  
MiamiState  
FLZip Code  
33169-6168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875042

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delva, Katiana, , ,**Mailing Address 830 NW 155th Ln  
Apt 205City  
MiamiState  
FLZip Code  
33169-6168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875045

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881734

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881733

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9881735

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 OF 2967  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
Englewood

State  
NJ

Zip Code  
07631-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

08 / 15 / 2025

Transaction ID : 9881730

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
Englewood

State  
NJ

Zip Code  
07631-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

09 / 03 / 2025

Transaction ID : 9881736

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
Englewood

State  
NJ

Zip Code  
07631-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.50

Date of Receipt

09 / 15 / 2025

Transaction ID : 9881731

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Demessa, Andrea, , ,

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2025

Transaction ID : 9881737

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Demessa, Andrea, , ,

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2025

Transaction ID : 9881732

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Demessa, Andrea, , ,

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2025

Transaction ID : 9874683

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 704 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881738

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881739

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Demessa, Andrea, , ,**

Mailing Address 112 Reade St

City  
EnglewoodState  
NJZip Code  
07631-3241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874684

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 705 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9882895**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2025

**Transaction ID : 9882894**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9882896**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 706 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9882897

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9882893

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9882899

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9882898

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 27 / 2025

Transaction ID : 9882900

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9882901

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dennis, Stephen, , ,

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9882902

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dennis, Stephen, , ,

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9882905

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dennis, Stephen, , ,

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9882904

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9882906**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9882903**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9873232**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873234

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9873231

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873233

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9873235**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9873236**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9873238**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9873240**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9873237**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

12 / 18 / 2025

**Transaction ID : 9873239**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 713 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873241

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dennis, Stephen, , ,**

Mailing Address 17 Hall Rd

City  
JohnsonvilleState  
NYZip Code  
12094-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873242

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Depalma, Henrico, , ,**

Mailing Address 76 Fern Rd

Null

City  
PalsadesState  
NYZip Code  
10964-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882517

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 714 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Depalma, Henrico, , ,**Mailing Address 76 Fern Rd  
NullCity  
PalisadesState  
NYZip Code  
10964-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882518

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Depalma, Henrico, , ,**Mailing Address 76 Fern Rd  
NullCity  
PalisadesState  
NYZip Code  
10964-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882519

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Depalma, Henrico, , ,**Mailing Address 76 Fern Rd  
NullCity  
PalisadesState  
NYZip Code  
10964-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874117

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 715 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Depalma, Henrico, , ,**

Mailing Address 76 Fern Rd

Null

City  
PalisadesState  
NYZip Code  
10964-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874118

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Descartes, Alexandra, , ,**

Mailing Address 2411 Frisby Ave

Apt 2C

City  
BronxState  
NYZip Code  
10461-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881213

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Descartes, Alexandra, , ,**

Mailing Address 2411 Frisby Ave

Apt 2C

City  
BronxState  
NYZip Code  
10461-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881214

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Descartes, Alexandra, , ,**Mailing Address 2411 Frisby Ave  
Apt 2CCity  
BronxState  
NYZip Code  
10461-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881215

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Descartes, Alexandra, , ,**Mailing Address 2411 Frisby Ave  
Apt 2CCity  
BronxState  
NYZip Code  
10461-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881216

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Descartes, Alexandra, , ,**Mailing Address 2411 Frisby Ave  
Apt 2CCity  
BronxState  
NYZip Code  
10461-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876264

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 717 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Descartes, Alexandra, , ,**Mailing Address 2411 Frisby Ave  
Apt 2CCity  
BronxState  
NYZip Code  
10461-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876265

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Desir, Kettly, , ,**Mailing Address 270 Baldwin Rd  
Apt C19

City

Parsippany

State  
NJZip Code  
07054-2051FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9875941

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Desir, Kettly, , ,**Mailing Address 270 Baldwin Rd  
Apt C19

City

Parsippany

State  
NJZip Code  
07054-2051FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875942

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878091

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878060

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878092

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 OF 2967

(check only one)

|                                                |                              |                              |                             |
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Despinosse, Gerard, , ,**

Mailing Address 3410 De Reimer Ave

Null

City  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9878061

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Despinosse, Gerard, , ,**

Mailing Address 3410 De Reimer Ave

Null

City  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878062

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Despinosse, Gerard, , ,**

Mailing Address 3410 De Reimer Ave

Null

City  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9875682

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 720 OF 2967

|                                                |                              |                              |                             |
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9878089

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878063

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9875683

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 721 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878090

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Despinosse, Gerard, , ,**Mailing Address 3410 De Reimer Ave  
NullCity  
BronxState  
NYZip Code  
10475-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Isabella Geriatric CenterOccupation (for Individual)  
General Mechanics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9878064

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Desruisseaux, Johane, , ,**Mailing Address 19304 Horace Harding Expy  
Apt 1ACity  
Fresh MeadowsState  
NYZip Code  
11365-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)Occupation (for Individual)  
Nurse-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879277

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Desruisseaux, Johane, , ,**

Mailing Address 19304 Horace Harding Expy  
Apt 1A

City  
Fresh Meadows

State  
NY

Zip Code  
11365-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)

Occupation (for Individual)  
Nurse-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 08 / 2025

Transaction ID : 9879278

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Desruisseaux, Johane, , ,**

Mailing Address 19304 Horace Harding Expy  
Apt 1A

City  
Fresh Meadows

State  
NY

Zip Code  
11365-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)

Occupation (for Individual)  
Nurse-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9879279

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Desruisseaux, Johane, , ,**

Mailing Address 19304 Horace Harding Expy  
Apt 1A

City  
Fresh Meadows

State  
NY

Zip Code  
11365-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)

Occupation (for Individual)  
Nurse-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 09 / 2025

Transaction ID : 9879280

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 723 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Desruisseaux, Johane, , ,**Mailing Address 19304 Horace Harding Expy  
Apt 1ACity  
Fresh MeadowsState  
NYZip Code  
11365-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)Occupation (for Individual)  
Nurse-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874162

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Desruisseaux, Johane, , ,**Mailing Address 19304 Horace Harding Expy  
Apt 1ACity  
Fresh MeadowsState  
NYZip Code  
11365-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)Occupation (for Individual)  
Nurse-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879276

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9875034

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 724 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9875035

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9875036

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9875037

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 725 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9875038

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875039

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875040

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 726 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dessalines, Kerensa, , ,**Mailing Address 3330 Spanish Moss Ter  
Apt 407City  
LauderhillState  
FLZip Code  
33319-5062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875041

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dessources, Marie, , ,**

Mailing Address 931 NE 155th St

City  
MiamiState  
FLZip Code  
33162-5309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874019

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dessources, Marie, , ,**

Mailing Address 931 NE 155th St

City  
MiamiState  
FLZip Code  
33162-5309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882150

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dessources, Marie, , ,**

Mailing Address 931 NE 155th St

City  
Miami

State  
FL

Zip Code  
33162-5309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9874021**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dessources, Marie, , ,**

Mailing Address 931 NE 155th St

City  
Miami

State  
FL

Zip Code  
33162-5309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9882152**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dessources, Marie, , ,**

Mailing Address 931 NE 155th St

City  
Miami

State  
FL

Zip Code  
33162-5309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9874020**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 728 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dessources, Marie, , ,**

Mailing Address 931 NE 155th St

City  
MiamiState  
FLZip Code  
33162-5309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882151

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Deus, Augustin, , ,**

Mailing Address 21 Hope Ct

City  
SeldenState  
NYZip Code  
11784-1272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882705

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Deus, Augustin, , ,**

Mailing Address 21 Hope Ct

City  
SeldenState  
NYZip Code  
11784-1272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882706

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 729 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Deus, Augustin, , ,**

Mailing Address 21 Hope Ct

City  
SeldenState  
NYZip Code  
11784-1272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882707

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Deus, Augustin, , ,**

Mailing Address 21 Hope Ct

City  
SeldenState  
NYZip Code  
11784-1272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882708

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Deus, Augustin, , ,**

Mailing Address 21 Hope Ct

City  
SeldenState  
NYZip Code  
11784-1272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875409

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 730 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Deus, Augustin, , ,**

Mailing Address 21 Hope Ct

City  
SeldenState  
NYZip Code  
11784-1272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875410

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz Marte, Andrea, , ,**Mailing Address 575 W 159th St  
Apt 31City  
New YorkState  
NYZip Code  
10032-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Administrative Associate II-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877257

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz Marte, Andrea, , ,**Mailing Address 575 W 159th St  
Apt 31City  
New YorkState  
NYZip Code  
10032-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Administrative Associate II-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877258

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz Marte, Andrea, , ,**Mailing Address 575 W 159th St  
Apt 31City  
New YorkState  
NYZip Code  
10032-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Administrative Associate II-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877259

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz Marte, Andrea, , ,**Mailing Address 575 W 159th St  
Apt 31City  
New YorkState  
NYZip Code  
10032-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Administrative Associate II-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877260

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz Marte, Andrea, , ,**Mailing Address 575 W 159th St  
Apt 31City  
New YorkState  
NYZip Code  
10032-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Administrative Associate II-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876125

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 732 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz Marte, Andrea, , ,**Mailing Address 575 W 159th St  
Apt 31City  
New YorkState  
NYZip Code  
10032-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Administrative Associate II-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877256

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz Perez, Anny, , ,**Mailing Address 2600 Netherland Ave  
Apt 416City  
BronxState  
NYZip Code  
10463-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877749

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz Perez, Anny, , ,**Mailing Address 2600 Netherland Ave  
Apt 416City  
BronxState  
NYZip Code  
10463-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877750

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 733 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz Perez, Anny, , ,**Mailing Address 2600 Netherland Ave  
Apt 416City  
BronxState  
NYZip Code  
10463-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877751

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz Perez, Anny, , ,**Mailing Address 2600 Netherland Ave  
Apt 416City  
BronxState  
NYZip Code  
10463-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877752

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz Perez, Anny, , ,**Mailing Address 2600 Netherland Ave  
Apt 416City  
BronxState  
NYZip Code  
10463-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875875

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz Perez, Anny, , ,**Mailing Address 2600 Netherland Ave  
Apt 416City  
BronxState  
NYZip Code  
10463-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875876

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Jaryn, , ,**Mailing Address 8 Central Dr  
Null

City

Stony Point

State

NY

Zip Code

10980-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
SurgTchgII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9878539

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Jaryn, , ,**Mailing Address 8 Central Dr  
Null

City

Stony Point

State

NY

Zip Code

10980-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
SurgTchgII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878540

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Jaryn, , ,**

Mailing Address 8 Central Dr

Null

City

Stony Point

State

NY

Zip Code

10980-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York University Hospital

Occupation (for Individual)

SurgTchgII

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9878541**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Jaryn, , ,**

Mailing Address 8 Central Dr

Null

City

Stony Point

State

NY

Zip Code

10980-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York University Hospital

Occupation (for Individual)

SurgTchgII

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9878542**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Jaryn, , ,**

Mailing Address 8 Central Dr

Null

City

Stony Point

State

NY

Zip Code

10980-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York University Hospital

Occupation (for Individual)

SurgTchgII

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

**Transaction ID : 9875322**

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 736 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Jaryn, , ,**Mailing Address 8 Central Dr  
NullCity  
Stony PointState  
NYZip Code  
10980-2350FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
SurgTchgII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9878538

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Jasmine, , ,**Mailing Address 1015 Anderson Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10452-5364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9876024

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Jasmine, , ,**Mailing Address 1015 Anderson Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10452-5364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876025

Amount of Each Receipt this Period

36.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.84



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 737 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Jasmine, , ,**Mailing Address 1015 Anderson Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10452-5364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876026

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Jasmine, , ,**Mailing Address 1015 Anderson Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10452-5364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876027

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Jasmine, , ,**Mailing Address 1015 Anderson Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10452-5364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876028

Amount of Each Receipt this Period

36.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 738 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Jasmine, , ,**Mailing Address 1015 Anderson Ave  
Apt 3BCity  
BronxState  
NYZip Code  
10452-5364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876023

Amount of Each Receipt this Period

55.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880750

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9876005

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.58

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880751

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876006

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880752

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 740 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876007

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9880753

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876008

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9880754

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876009

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
FI 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9880755

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 742 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diaz, Martha, , ,**Mailing Address 220 B Stephens Ave  
Fl 1City  
BronxState  
NYZip Code  
10473-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880756

Amount of Each Receipt this Period

13.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881871

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881872

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33.80

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881873

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881874

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881875

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881876

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9876535

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881877

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876536

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876537

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
LindleyState  
NYZip Code  
14858-9730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9876539

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
Lindley

State  
NY

Zip Code  
14858-9730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9876538

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diederich, Timothy, , ,**

Mailing Address 10494 Sagetown Rd

City  
Lindley

State  
NY

Zip Code  
14858-9730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Phlebotomist II -CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2025

Transaction ID : 9876540

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape Coral

State  
FL

Zip Code  
33990-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9875784

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9875785

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9875783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9875786

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 748 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9875787

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2025

Transaction ID : 9875788

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875789

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dieudonne, Joseph, , ,**

Mailing Address 2204 SE 10th St

City  
Cape CoralState  
FLZip Code  
33990-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9875790

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dimailig, Jaeza, , ,**

Mailing Address 3034 NW 56th St

City  
MiamiState  
FLZip Code  
33142-2846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882125

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dimailig, Jaeza, , ,**

Mailing Address 3034 NW 56th St

City  
MiamiState  
FLZip Code  
33142-2846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875219

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 750 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dimallig, Jaeza, , ,**

Mailing Address 3034 NW 56th St

City  
MiamiState  
FLZip Code  
33142-2846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882123

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dimallig, Jaeza, , ,**

Mailing Address 3034 NW 56th St

City  
MiamiState  
FLZip Code  
33142-2846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Telemetry Technician 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882124

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diombera, Cisse, , ,**

Mailing Address 3238 Lafayette Ave

City  
BronxState  
NYZip Code  
10465-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877792

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 751 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diombera, Cisse, , ,**

Mailing Address 3238 Lafayette Ave

City  
BronxState  
NYZip Code  
10465-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877793

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diombera, Cisse, , ,**

Mailing Address 3238 Lafayette Ave

City  
BronxState  
NYZip Code  
10465-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877794

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Diombera, Cisse, , ,**

Mailing Address 3238 Lafayette Ave

City  
BronxState  
NYZip Code  
10465-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877795

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Diombera, Cisse, , ,**

Mailing Address 3238 Lafayette Ave

City  
BronxState  
NYZip Code  
10465-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874455

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Diombera, Cisse, , ,**

Mailing Address 3238 Lafayette Ave

City  
BronxState  
NYZip Code  
10465-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874456

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Divakar, Diviya, , ,**

Mailing Address 234 Mill River Rd

City  
ChappaquaState  
NYZip Code  
10514-3223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
Staff Pharmacist (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878139

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Divakar, Diviya, , ,**

Mailing Address 234 Mill River Rd

City  
Chappaqua

State  
NY

Zip Code  
10514-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Staff Pharmacist (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

**Transaction ID : 9878138**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Divakar, Diviya, , ,**

Mailing Address 234 Mill River Rd

City  
Chappaqua

State  
NY

Zip Code  
10514-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Staff Pharmacist (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9878140**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Divakar, Diviya, , ,**

Mailing Address 234 Mill River Rd

City  
Chappaqua

State  
NY

Zip Code  
10514-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Staff Pharmacist (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9878141**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 754 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                            |                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|-------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Divakar, Diviya, , ,</b>               |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 14 / 2025</b> |  |
| Mailing Address 234 Mill River Rd                                                                                               |             |                                                            | <b>Transaction ID : 9875173</b>                                         |  |
| City<br>Chappaqua                                                                                                               | State<br>NY | Zip Code<br>10514-3223                                     | Amount of Each Receipt this Period<br><b>20.00</b>                      |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |             |                                                            | <input type="checkbox"/> Memo Item                                      |  |
| Name of Employer (for Individual)<br>St John's Riverside Hospital                                                               |             | Occupation (for Individual)<br>Staff Pharmacist (A)        |                                                                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><b>240.00</b>                  |                                                                         |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Divakar, Diviya, , ,</b>               |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>12 / 17 / 2025</b> |  |
| Mailing Address 234 Mill River Rd                                                                                               |             |                                                            | <b>Transaction ID : 9875174</b>                                         |  |
| City<br>Chappaqua                                                                                                               | State<br>NY | Zip Code<br>10514-3223                                     | Amount of Each Receipt this Period<br><b>20.00</b>                      |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |             |                                                            | <input type="checkbox"/> Memo Item                                      |  |
| Name of Employer (for Individual)<br>St John's Riverside Hospital                                                               |             | Occupation (for Individual)<br>Staff Pharmacist (A)        |                                                                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><b>240.00</b>                  |                                                                         |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Divers, Milene, , ,</b>                |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>09 / 12 / 2025</b> |  |
| Mailing Address 535 NW 130th St                                                                                                 |             |                                                            | <b>Transaction ID : 9874007</b>                                         |  |
| City<br>North Miami                                                                                                             | State<br>FL | Zip Code<br>33168-3748                                     | Amount of Each Receipt this Period<br><b>10.00</b>                      |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |             |                                                            | <input type="checkbox"/> Memo Item                                      |  |
| Name of Employer (for Individual)<br>Claridge House Nursing & Rehab Center                                                      |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br><b>230.00</b>                  |                                                                         |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                            | <b>50.00</b>                                                            |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                            |                                                                         |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 755 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Divers, Milene, , ,**

Mailing Address 535 NW 130th St

City  
North MiamiState  
FLZip Code  
33168-3748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882184

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Divers, Milene, , ,**

Mailing Address 535 NW 130th St

City  
North MiamiState  
FLZip Code  
33168-3748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874008

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Divers, Milene, , ,**

Mailing Address 535 NW 130th St

City  
North MiamiState  
FLZip Code  
33168-3748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882185

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 756 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Divers, Milene, , ,**

Mailing Address 535 NW 130th St

City  
North MiamiState  
FLZip Code  
33168-3748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874009

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Divers, Milene, , ,**

Mailing Address 535 NW 130th St

City  
North MiamiState  
FLZip Code  
33168-3748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882186

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dixon, Aretha, , ,**

Mailing Address 3363 Corsa Ave

Null

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877989

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 757 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                       |                                                                                               |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Dixon, Aretha, , ,</b>                 |  |                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 04 / 2025<br><b>Transaction ID : 9877991</b> |  |                     |
| Mailing Address 3363 Corsa Ave<br>Null                                                                                          |  |                                                       | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item             |  |                     |
| City Bronx                                                                                                                      |  | State NY                                              |                                                                                               |  | Zip Code 10469-2810 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                       |                                                                                               |  |                     |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                               |  | Occupation (for Individual)<br>Certified Nurses' Aide |                                                                                               |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                    |                                                                                               |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Dixon, Aretha, , ,</b>                 |  |                                                       |                                                                                               |  |                     |
| Mailing Address 3363 Corsa Ave<br>Null                                                                                          |  |                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 02 / 2025<br><b>Transaction ID : 9877992</b> |  |                     |
| City Bronx                                                                                                                      |  | State NY                                              | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item             |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                       |                                                                                               |  |                     |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                               |  | Occupation (for Individual)<br>Certified Nurses' Aide |                                                                                               |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                    |                                                                                               |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Dixon, Aretha, , ,</b>                 |  |                                                       |                                                                                               |  |                     |
| Mailing Address 3363 Corsa Ave<br>Null                                                                                          |  |                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 29 / 2025<br><b>Transaction ID : 9877993</b> |  |                     |
| City Bronx                                                                                                                      |  | State NY                                              | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item             |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                       |                                                                                               |  |                     |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                               |  | Occupation (for Individual)<br>Certified Nurses' Aide |                                                                                               |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>240.00                    |                                                                                               |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |  |                                                       | 60.00                                                                                         |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |  |                                                       |                                                                                               |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 758 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                            |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Dixon, Aretha, , ,</b>                            |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2025</div></div> <b>Transaction ID : 9875242</b> |  |                     |
| Mailing Address 3363 Corsa Ave<br>Null                                                                                                     |  |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div><br><input type="checkbox"/> Memo Item                               |  |                     |
| City Bronx                                                                                                                                 |  | State NY                                                                                                        |                                                                                                                                                                                              |  | Zip Code 10469-2810 |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                                          |  | Occupation (for Individual)<br>Certified Nurses' Aide                                                           |                                                                                                                                                                                              |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div> |                                                                                                                                                                                              |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Dixon, Aretha, , ,</b>                            |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Mailing Address 3363 Corsa Ave<br>Null                                                                                                     |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>12</div><div>04</div><div>2025</div></div> <b>Transaction ID : 9877990</b> |  |                     |
| City Bronx                                                                                                                                 |  | State NY                                                                                                        | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div><br><input type="checkbox"/> Memo Item                               |  |                     |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                                          |  | Occupation (for Individual)<br>Certified Nurses' Aide                                                           |                                                                                                                                                                                              |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div> |                                                                                                                                                                                              |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Dixon, Elijah, , ,</b>                            |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Mailing Address 289 Evergreen Ave                                                                                                          |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>09</div><div>22</div><div>2025</div></div> <b>Transaction ID : 9874080</b> |  |                     |
| City Brooklyn                                                                                                                              |  | State NY                                                                                                        | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div><br><input type="checkbox"/> Memo Item                               |  |                     |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                                              |  |                     |
| Name of Employer (for Individual)<br>Community Agency for Senior Citizens                                                                  |  | Occupation (for Individual)<br>Assistant Cook                                                                   |                                                                                                                                                                                              |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div> |                                                                                                                                                                                              |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                                     |  |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>                                                                                                           |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                           |  |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 759 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dixon, Elijah, , ,**

Mailing Address 289 Evergreen Ave

City  
BrooklynState  
NYZip Code  
11221-3139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Agency for Senior CitizensOccupation (for Individual)  
Assistant Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9874081

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dixon, Elijah, , ,**

Mailing Address 289 Evergreen Ave

City  
BrooklynState  
NYZip Code  
11221-3139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Agency for Senior CitizensOccupation (for Individual)  
Assistant Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874082

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dixon, Elijah, , ,**

Mailing Address 289 Evergreen Ave

City  
BrooklynState  
NYZip Code  
11221-3139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Agency for Senior CitizensOccupation (for Individual)  
Assistant Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874083

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 760 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882080

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882081

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874610

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 761 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882077

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874611

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882078

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 762 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874612

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dixon, Vinceson, , ,**

Mailing Address 4411 SW 32nd Dr

City  
West ParkState  
FLZip Code  
33023-5570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Sanitation Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882079

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Djobo, Mawunyo, , ,**Mailing Address 649 Beach Ave  
Apt 16City  
BronxState  
NYZip Code  
10473-3505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876158

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Djobo, Mawunyo, , ,**Mailing Address 649 Beach Ave  
Apt 16City  
BronxState  
NYZip Code  
10473-3505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880940

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Djobo, Mawunyo, , ,**Mailing Address 649 Beach Ave  
Apt 16City  
BronxState  
NYZip Code  
10473-3505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876159

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Djobo, Mawunyo, , ,**Mailing Address 649 Beach Ave  
Apt 16City  
BronxState  
NYZip Code  
10473-3505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880941

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 764 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dobson, Terence, , ,**Mailing Address 828 E149th St  
811City  
BronxState  
NYZip Code  
10455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877574

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dobson, Terence, , ,**Mailing Address 828 E149th St  
811City  
BronxState  
NYZip Code  
10455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877575

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dobson, Terence, , ,**Mailing Address 828 E149th St  
811City  
BronxState  
NYZip Code  
10455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877576

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dobson, Terence, , ,**Mailing Address 828 E149th St  
811City  
BronxState  
NYZip Code  
10455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877577

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dobson, Terence, , ,**Mailing Address 828 E149th St  
811City  
BronxState  
NYZip Code  
10455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874795

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dobson, Terence, , ,**Mailing Address 828 E149th St  
811City  
BronxState  
NYZip Code  
10455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877573

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 766 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dockery, Evelyn, , ,**

Mailing Address 135 Milestone Dr

City  
Haines CityState  
FLZip Code  
33844-9661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882807

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dockery, Evelyn, , ,**

Mailing Address 135 Milestone Dr

City  
Haines CityState  
FLZip Code  
33844-9661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882808

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dockery, Evelyn, , ,**

Mailing Address 135 Milestone Dr

City  
Haines CityState  
FLZip Code  
33844-9661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882809

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 767 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dockery, Evelyn, , ,**

Mailing Address 135 Milestone Dr

City  
Haines CityState  
FLZip Code  
33844-9661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882810

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dockery, Evelyn, , ,**

Mailing Address 135 Milestone Dr

City  
Haines CityState  
FLZip Code  
33844-9661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875379

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dockery, Evelyn, , ,**

Mailing Address 135 Milestone Dr

City  
Haines CityState  
FLZip Code  
33844-9661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875380

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Doctor, Shykima, , ,**

Mailing Address 1348 Webster Ave  
Apt 10A

City  
Bronx

State  
NY

Zip Code  
10456-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9881255

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doctor, Shykima, , ,**

Mailing Address 1348 Webster Ave  
Apt 10A

City  
Bronx

State  
NY

Zip Code  
10456-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9881256

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Doctor, Shykima, , ,**

Mailing Address 1348 Webster Ave  
Apt 10A

City  
Bronx

State  
NY

Zip Code  
10456-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2025

Transaction ID : 9881257

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 769 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                          |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Doctor, Shykima, , ,</b>               |             |                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 10 / 2025<br><b>Transaction ID : 9881258</b> |  |
| Mailing Address 1348 Webster Ave<br>Apt 10A                                                                                     |             |                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10456-1834                   | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                          |                                                                                                     |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>Messenger |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00       |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Doctor, Shykima, , ,</b>               |             |                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 10 / 2025<br><b>Transaction ID : 9876276</b> |  |
| Mailing Address 1348 Webster Ave<br>Apt 10A                                                                                     |             |                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10456-1834                   | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                          |                                                                                                     |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>Messenger |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00       |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Doctor, Shykima, , ,</b>               |             |                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2025<br><b>Transaction ID : 9876277</b> |  |
| Mailing Address 1348 Webster Ave<br>Apt 10A                                                                                     |             |                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10456-1834                   | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                          |                                                                                                     |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>Messenger |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00       |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                          | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                          |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 770 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dodson, Arabia, , ,**Mailing Address 220 Cabrini Blvd  
Apt 4JCity  
New YorkState  
NYZip Code  
10033-1165FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
ASSOCIATE LABORATORY MICROBI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9876011

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dodson, Arabia, , ,**Mailing Address 220 Cabrini Blvd  
Apt 4JCity  
New YorkState  
NYZip Code  
10033-1165FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
ASSOCIATE LABORATORY MICROBI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9876012

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dodson, Arabia, , ,**Mailing Address 220 Cabrini Blvd  
Apt 4JCity  
New YorkState  
NYZip Code  
10033-1165FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
ASSOCIATE LABORATORY MICROBI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9876013

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 771 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dominguez, Erwin, , ,**Mailing Address 65 W 55th St  
Apt 6GCity  
New YorkState  
NYZip Code  
10019-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Accounts Representative-Distri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877158

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dominguez, Erwin, , ,**Mailing Address 65 W 55th St  
Apt 6GCity  
New YorkState  
NYZip Code  
10019-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Accounts Representative-Distri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877159

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dominguez, Erwin, , ,**Mailing Address 65 W 55th St  
Apt 6GCity  
New YorkState  
NYZip Code  
10019-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Accounts Representative-Distri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877160

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dominguez, Erwin, , ,**Mailing Address 65 W 55th St  
Apt 6GCity  
New YorkState  
NYZip Code  
10019-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Accounts Representative-Distri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877161

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dominguez, Erwin, , ,**Mailing Address 65 W 55th St  
Apt 6GCity  
New YorkState  
NYZip Code  
10019-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Accounts Representative-Distri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dominguez, Erwin, , ,**Mailing Address 65 W 55th St  
Apt 6GCity  
New YorkState  
NYZip Code  
10019-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Accounts Representative-Distri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877156

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 07 / 2025

**Transaction ID : 9878605**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 23 / 2025

**Transaction ID : 9878594**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 27 / 2025

**Transaction ID : 9878592**

Amount of Each Receipt this Period

12.50

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

32.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 774 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen OaksState  
NYZip Code  
11004-1147FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9878595

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen OaksState  
NYZip Code  
11004-1147FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9878596

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen OaksState  
NYZip Code  
11004-1147FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873487

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2025

**Transaction ID : 9878603**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9878593**

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9873488**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

32.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9878604**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcelus Woolley, Carline, , ,**

Mailing Address 7320 255th St

City  
Glen Oaks

State  
NY

Zip Code  
11004-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 30 / 2025

**Transaction ID : 9878597**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami Shores

State  
FL

Zip Code  
33150-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation Ce

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2025

**Transaction ID : 9882131**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 777 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882132

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882134

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9882133

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882135

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9882136

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcely, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9882137

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcelly, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9873734

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcelly, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873735

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorcelly, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873737

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 780 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorcelly, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9873736

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorcelly, Vanet, , ,**

Mailing Address 10334 N Miami Ave

City  
Miami ShoresState  
FLZip Code  
33150-1254FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreside Health and Rehabilitation CeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9873738

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Doria, Nathan, , ,**

Mailing Address 398 Main St

Null

City  
IslipState  
NYZip Code  
11751-3412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Assistant Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880261

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 781 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Doria, Nathan, , ,**

Mailing Address 398 Main St

Null

City

Islip

State

NY

Zip Code

11751-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Assistant Counselor

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 13    |   | 2025        |

Transaction ID : 9880262

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doria, Nathan, , ,**

Mailing Address 398 Main St

Null

City

Islip

State

NY

Zip Code

11751-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Assistant Counselor

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 15    |   | 2025        |

Transaction ID : 9880263

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Doria, Nathan, , ,**

Mailing Address 398 Main St

Null

City

Islip

State

NY

Zip Code

11751-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Assistant Counselor

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2025        |

Transaction ID : 9880264

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Doria, Nathan, , ,**

Mailing Address 398 Main St

Null

City

Islip

State

NY

Zip Code

11751-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Assistant Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9876345

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doria, Nathan, , ,**

Mailing Address 398 Main St

Null

City

Islip

State

NY

Zip Code

11751-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Assistant Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9876346

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorneval, Magalie, , ,**

Mailing Address 24 3rd Ave

City

Westbury

State

NY

Zip Code

11590-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Emerge Nursing and Rehabilitation at G

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

205.11

Date of Receipt

08 / 13 / 2025

Transaction ID : 9879982

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 783 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorneval, Magalie, , ,**

Mailing Address 24 3rd Ave

City  
WestburyState  
NYZip Code  
11590-2524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879983

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorneval, Magalie, , ,**

Mailing Address 24 3rd Ave

City  
WestburyState  
NYZip Code  
11590-2524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879984

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorneval, Magalie, , ,**

Mailing Address 24 3rd Ave

City  
WestburyState  
NYZip Code  
11590-2524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873516

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorneval, Magalie, , ,**

Mailing Address 24 3rd Ave

City  
Westbury

State  
NY

Zip Code  
11590-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9879981**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorsainville, Marie, , ,**

Mailing Address 1896 E 51st St  
Apt 1-D

City  
Brooklyn

State  
NY

Zip Code  
11234-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9874711**

Amount of Each Receipt this Period

3.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorsainville, Marie, , ,**

Mailing Address 1896 E 51st St  
Apt 1-D

City  
Brooklyn

State  
NY

Zip Code  
11234-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9875637**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

53.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 785 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorsainville, Marie, , ,**Mailing Address 1896 E 51st St  
Apt 1-DCity  
BrooklynState  
NYZip Code  
11234-4613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9874712

Amount of Each Receipt this Period

3.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorsainville, Marie, , ,**Mailing Address 1896 E 51st St  
Apt 1-DCity  
BrooklynState  
NYZip Code  
11234-4613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875636

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorsainville, Marie, , ,**Mailing Address 1896 E 51st St  
Apt 1-DCity  
BrooklynState  
NYZip Code  
11234-4613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2025

Transaction ID : 9874713

Amount of Each Receipt this Period

3.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 786 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dorsainville, Marie, , ,**Mailing Address 1896 E 51st St  
Apt 1-DCity  
BrooklynState  
NYZip Code  
11234-4613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875638

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dorsainville, Marie, , ,**Mailing Address 1896 E 51st St  
Apt 1-DCity  
BrooklynState  
NYZip Code  
11234-4613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875639

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dorsainville, Marie, , ,**Mailing Address 1896 E 51st St  
Apt 1-DCity  
BrooklynState  
NYZip Code  
11234-4613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874714

Amount of Each Receipt this Period

3.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

83.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Doss, Queen, , ,**Mailing Address 1202 Lexington Ave  
# 311City  
New YorkState  
NYZip Code  
10028-1439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873202

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doss, Queen, , ,**Mailing Address 1202 Lexington Ave  
# 311City  
New YorkState  
NYZip Code  
10028-1439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873203

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dossa, Manavi, , ,**Mailing Address 298 W 149th St  
Apt 5CCity  
New YorkState  
NYZip Code  
10039-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Nurse's Aide-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877302

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 788 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dossa, Manavi, , ,**Mailing Address 298 W 149th St  
Apt 5CCity  
New YorkState  
NYZip Code  
10039-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Nurse's Aide-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877303

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dossa, Manavi, , ,**Mailing Address 298 W 149th St  
Apt 5CCity  
New YorkState  
NYZip Code  
10039-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Nurse's Aide-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877304

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dossa, Manavi, , ,**Mailing Address 298 W 149th St  
Apt 5CCity  
New YorkState  
NYZip Code  
10039-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Nurse's Aide-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877305

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 789 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dossa, Manavi, , ,**Mailing Address 298 W 149th St  
Apt 5CCity  
New YorkState  
NYZip Code  
10039-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Nurse's Aide-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874738

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dossa, Manavi, , ,**Mailing Address 298 W 149th St  
Apt 5CCity  
New YorkState  
NYZip Code  
10039-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Nurse's Aide-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877301

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dooley, Yanique, , ,**

Mailing Address 3500 Daniel Cres

City  
BaldwinState  
NYZip Code  
11510-5152FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879771

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dooley, Yanique, , ,**

Mailing Address 3500 Daniel Cres

City  
Baldwin

State  
NY

Zip Code  
11510-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 05 / 2025

**Transaction ID : 9879772**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dooley, Yanique, , ,**

Mailing Address 3500 Daniel Cres

City  
Baldwin

State  
NY

Zip Code  
11510-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 09 / 2025

**Transaction ID : 9873959**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dooley, Yanique, , ,**

Mailing Address 3500 Daniel Cres

City  
Baldwin

State  
NY

Zip Code  
11510-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 09 / 2025

**Transaction ID : 9879770**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 791 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duhaney, Oliver, , ,**Mailing Address 589 Pine St  
NullCity  
BrooklynState  
NYZip Code  
11208-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878787

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duhaney, Oliver, , ,**Mailing Address 589 Pine St  
NullCity  
BrooklynState  
NYZip Code  
11208-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878788

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duhaney, Oliver, , ,**Mailing Address 589 Pine St  
NullCity  
BrooklynState  
NYZip Code  
11208-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878789

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 792 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duhaney, Oliver, , ,**Mailing Address 589 Pine St  
NullCity  
BrooklynState  
NYZip Code  
11208-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875286

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duhaney, Oliver, , ,**Mailing Address 589 Pine St  
NullCity  
BrooklynState  
NYZip Code  
11208-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875287

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duhaney, Oliver, , ,**Mailing Address 589 Pine St  
NullCity  
BrooklynState  
NYZip Code  
11208-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875288

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dumorney, Rolande, , ,**

Mailing Address 215 E Broadway

City  
Long BeachState  
NYZip Code  
11561-4215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879868

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dumorney, Rolande, , ,**

Mailing Address 215 E Broadway

City  
Long BeachState  
NYZip Code  
11561-4215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dumorney, Rolande, , ,**

Mailing Address 215 E Broadway

City  
Long BeachState  
NYZip Code  
11561-4215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9879866

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dumorney, Rolande, , ,**

Mailing Address 215 E Broadway

City  
Long BeachState  
NYZip Code  
11561-4215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879867

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dumorney, Rolande, , ,**

Mailing Address 215 E Broadway

City  
Long BeachState  
NYZip Code  
11561-4215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876486

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duncan, Alwin, , ,**Mailing Address 1474 Arnow Ave  
Apt 17City  
BronxState  
NYZip Code  
10469-5531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880946

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 795 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Duncan, Alwin, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 15 / 2025<br><b>Transaction ID : 9880947</b> |                                    |
| Mailing Address 1474 Arnrow Ave<br>Apt 17                                                                                       |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10469-5531                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>RESPIRATORY THERAPIST-REG                                            |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Duncan, Alwin, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 22 / 2025<br><b>Transaction ID : 9880948</b> |                                    |
| Mailing Address 1474 Arnrow Ave<br>Apt 17                                                                                       |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10469-5531                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>RESPIRATORY THERAPIST-REG                                            |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Duncan, Alwin, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 10 / 2025<br><b>Transaction ID : 9880949</b> |                                    |
| Mailing Address 1474 Arnrow Ave<br>Apt 17                                                                                       |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10469-5531                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>RESPIRATORY THERAPIST-REG                                            |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duncan, Alwin, , ,**Mailing Address 1474 Arnow Ave  
Apt 17City  
BronxState  
NYZip Code  
10469-5531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876160

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duncan, Alwin, , ,**Mailing Address 1474 Arnow Ave  
Apt 17City  
BronxState  
NYZip Code  
10469-5531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876161

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874822

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 797 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2025        |

**Transaction ID : 9874823**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 01    |   | 2025        |

**Transaction ID : 9874824**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 15    |   | 2025        |

**Transaction ID : 9874825**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

45.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874826

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874827

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874829

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duncan, Nora, , ,**Mailing Address 1700 SW 78th Ave  
Apt 313City  
PlantationState  
FLZip Code  
33324-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874828

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dundas, Brandon, , ,**

Mailing Address 1010 E 53rd St

City  
BrooklynState  
NYZip Code  
11234-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879102

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dundas, Brandon, , ,**

Mailing Address 1010 E 53rd St

City  
BrooklynState  
NYZip Code  
11234-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879103

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 800 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dundas, Brandon, , ,**

Mailing Address 1010 E 53rd St

City  
BrooklynState  
NYZip Code  
11234-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879104

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dundas, Brandon, , ,**

Mailing Address 1010 E 53rd St

City  
BrooklynState  
NYZip Code  
11234-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875604

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dundas, Brandon, , ,**

Mailing Address 1010 E 53rd St

City  
BrooklynState  
NYZip Code  
11234-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875605

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 801 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunigan, Janay, , ,**Mailing Address 26 Metropolitan Oval  
Apt 7CCity  
BronxState  
NYZip Code  
10462-6751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877736

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunigan, Janay, , ,**Mailing Address 26 Metropolitan Oval  
Apt 7CCity  
BronxState  
NYZip Code  
10462-6751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877737

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunigan, Janay, , ,**Mailing Address 26 Metropolitan Oval  
Apt 7CCity  
BronxState  
NYZip Code  
10462-6751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877738

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 802 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunigan, Janay, , ,**Mailing Address 26 Metropolitan Oval  
Apt 7CCity  
BronxState  
NYZip Code  
10462-6751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876098

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunigan, Janay, , ,**Mailing Address 26 Metropolitan Oval  
Apt 7CCity  
BronxState  
NYZip Code  
10462-6751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876099

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunigan, Janay, , ,**Mailing Address 26 Metropolitan Oval  
Apt 7CCity  
BronxState  
NYZip Code  
10462-6751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876100

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunkley, Deedraah, , ,**Mailing Address 1959 Hone Ave  
Apt 16City  
BronxState  
NYZip Code  
10461-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880932

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunkley, Deedraah, , ,**Mailing Address 1959 Hone Ave  
Apt 16City  
BronxState  
NYZip Code  
10461-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880933

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunkley, Deedraah, , ,**Mailing Address 1959 Hone Ave  
Apt 16City  
BronxState  
NYZip Code  
10461-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880934

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunkley, Deedraah, , ,**Mailing Address 1959 Hone Ave  
Apt 16City  
BronxState  
NYZip Code  
10461-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880935

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunkley, Deedraah, , ,**Mailing Address 1959 Hone Ave  
Apt 16City  
BronxState  
NYZip Code  
10461-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876155

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunkley, Deedraah, , ,**Mailing Address 1959 Hone Ave  
Apt 16City  
BronxState  
NYZip Code  
10461-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880931

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 805 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunston, Keshawn, , ,**

Mailing Address 14443 222nd St

City  
LaureltonState  
NYZip Code  
11413-3457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879491

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunston, Keshawn, , ,**

Mailing Address 14443 222nd St

City  
LaureltonState  
NYZip Code  
11413-3457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879492

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunston, Keshawn, , ,**

Mailing Address 14443 222nd St

City  
LaureltonState  
NYZip Code  
11413-3457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874299

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 806 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunston, Keshawn, , ,**

Mailing Address 14443 222nd St

City  
LaureltonState  
NYZip Code  
11413-3457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879489

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunston, Keshawn, , ,**

Mailing Address 14443 222nd St

City  
LaureltonState  
NYZip Code  
11413-3457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874300

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunston, Keshawn, , ,**

Mailing Address 14443 222nd St

City  
LaureltonState  
NYZip Code  
11413-3457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879490

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 807 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duodu, Comfort, , ,**Mailing Address 14 Bitterroot Ct  
Apt BCity  
Owings MillsState  
MDZip Code  
21117-3732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882748

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duodu, Comfort, , ,**Mailing Address 14 Bitterroot Ct  
Apt BCity  
Owings MillsState  
MDZip Code  
21117-3732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882749

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duodu, Comfort, , ,**Mailing Address 14 Bitterroot Ct  
Apt BCity  
Owings MillsState  
MDZip Code  
21117-3732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9882750

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duodu, Comfort, , ,**

Mailing Address 14 Bitterroot Ct  
Apt B

City  
Owings Mills

State  
MD

Zip Code  
21117-3732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9882747**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duodu, Comfort, , ,**

Mailing Address 14 Bitterroot Ct  
Apt B

City  
Owings Mills

State  
MD

Zip Code  
21117-3732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9873985**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duodu, Comfort, , ,**

Mailing Address 14 Bitterroot Ct  
Apt B

City  
Owings Mills

State  
MD

Zip Code  
21117-3732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9882746**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 809 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durandisse, Marie, , ,**

Mailing Address 158 -08 137 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873871

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durandisse, Marie, , ,**

Mailing Address 158 -08 137 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873869

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durandisse, Marie, , ,**

Mailing Address 158 -08 137 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879658

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 810 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durandisse, Marie, , ,**

Mailing Address 158 -08 137 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879657

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durandisse, Marie, , ,**

Mailing Address 158 -08 137 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873870

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durandisse, Marie, , ,**

Mailing Address 158 -08 137 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879656

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 811 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880100

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9880093

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9880101

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 812 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9880099

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9880094

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9880102

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 813 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9880095

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880103

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9880096

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 814 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875653

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9880098

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durden, Sabrina, , ,**

Mailing Address 25 Brefni St

City  
AmityvilleState  
NYZip Code  
11701-1462FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brunswick Hospital CenterOccupation (for Individual)  
PSYCH AIDE/Per Diem Psych Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9880097

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 815 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duval, Christie, , ,**Mailing Address 14 Rockville Ave  
NullCity  
Rockville CentreState  
NYZip Code  
11570-5535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879883

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duval, Christie, , ,**Mailing Address 14 Rockville Ave  
NullCity  
Rockville CentreState  
NYZip Code  
11570-5535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879884

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duval, Christie, , ,**Mailing Address 14 Rockville Ave  
NullCity  
Rockville CentreState  
NYZip Code  
11570-5535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879885

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 816 OF 2967  
(check only one)

|                                                |                              |                              |                             |
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duval, Christie, , ,**Mailing Address 14 Rockville Ave  
NullCity  
Rockville CentreState  
NYZip Code  
11570-5535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9879886

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duval, Christie, , ,**Mailing Address 14 Rockville Ave  
NullCity  
Rockville CentreState  
NYZip Code  
11570-5535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874296

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duval, Christie, , ,**Mailing Address 14 Rockville Ave  
NullCity  
Rockville CentreState  
NYZip Code  
11570-5535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874297

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 817 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duval, Lorna, , ,**Mailing Address 2576 Bouck Ave  
NullCity  
BronxState  
NYZip Code  
10469-5605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877998

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duval, Lorna, , ,**Mailing Address 2576 Bouck Ave  
NullCity  
BronxState  
NYZip Code  
10469-5605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9877999

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duval, Lorna, , ,**Mailing Address 2576 Bouck Ave  
NullCity  
BronxState  
NYZip Code  
10469-5605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9878000

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 818 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duval, Lorna, , ,**Mailing Address 2576 Bouck Ave  
NullCity  
BronxState  
NYZip Code  
10469-5605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878001

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duval, Lorna, , ,**Mailing Address 2576 Bouck Ave  
NullCity  
BronxState  
NYZip Code  
10469-5605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9876636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duval, Lorna, , ,**Mailing Address 2576 Bouck Ave  
NullCity  
BronxState  
NYZip Code  
10469-5605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9876637

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edandison, Elizabeth, , ,**Mailing Address 1420 Prospect Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10459-1258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876690

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edandison, Elizabeth, , ,**Mailing Address 1420 Prospect Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10459-1258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876691

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
ElmiraState  
NYZip Code  
14905-2323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881891

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9881892

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 06 / 2025

Transaction ID : 9881893

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9881895

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 03 / 2025

**Transaction ID : 9881896**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 09 / 2025

**Transaction ID : 9881894**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 24 / 2025

**Transaction ID : 9881897**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
ElmiraState  
NYZip Code  
14905-2323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876616

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
ElmiraState  
NYZip Code  
14905-2323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876617

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
ElmiraState  
NYZip Code  
14905-2323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876618

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 20 / 2025

**Transaction ID : 9876620**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9876619**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eden, Christopher, , ,**

Mailing Address 817 W Church St

City  
Elmira

State  
NY

Zip Code  
14905-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Surgical Services Facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2025

**Transaction ID : 9876621**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 824 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edie, Olive, , ,**

Mailing Address 613 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882600

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edie, Olive, , ,**

Mailing Address 613 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882601

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edie, Olive, , ,**

Mailing Address 613 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882602

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edie, Olive, , ,**

Mailing Address 613 Bainbridge St

City  
Brooklyn

State  
NY

Zip Code  
11233-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9882603**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edie, Olive, , ,**

Mailing Address 613 Bainbridge St

City  
Brooklyn

State  
NY

Zip Code  
11233-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9875458**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edie, Olive, , ,**

Mailing Address 613 Bainbridge St

City  
Brooklyn

State  
NY

Zip Code  
11233-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9875459**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 826 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edmund, Rhonda, , ,**Mailing Address 1261 Schenectady Ave  
Apt 6BCity  
BrooklynState  
NYZip Code  
11203-5842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878673

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edmund, Rhonda, , ,**Mailing Address 1261 Schenectady Ave  
Apt 6BCity  
BrooklynState  
NYZip Code  
11203-5842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878674

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edmund, Rhonda, , ,**Mailing Address 1261 Schenectady Ave  
Apt 6BCity  
BrooklynState  
NYZip Code  
11203-5842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878675

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 827 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edmund, Rhonda, , ,**Mailing Address 1261 Schenectady Ave  
Apt 6BCity  
BrooklynState  
NYZip Code  
11203-5842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874157

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edmund, Rhonda, , ,**Mailing Address 1261 Schenectady Ave  
Apt 6BCity  
BrooklynState  
NYZip Code  
11203-5842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 2-MicroBio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874158

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edouard Jacquet, Myrta, , ,**Mailing Address 19255 NE 2nd Ave  
Apt 2210City  
MiamiState  
FLZip Code  
33179-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9881160

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 828 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edouard Jacquet, Myrta, , ,**Mailing Address 19255 NE 2nd Ave  
Apt 2210City  
MiamiState  
FLZip Code  
33179-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875054

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edouard Jacquet, Myrta, , ,**Mailing Address 19255 NE 2nd Ave  
Apt 2210City  
MiamiState  
FLZip Code  
33179-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881158

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edouard Jacquet, Myrta, , ,**Mailing Address 19255 NE 2nd Ave  
Apt 2210City  
MiamiState  
FLZip Code  
33179-3271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881159

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edouard, Marie, , ,**

Mailing Address 1123 E 102nd St

City  
Brooklyn

State  
NY

Zip Code  
11236-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2025

Transaction ID : 9882612

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edouard, Marie, , ,**

Mailing Address 1123 E 102nd St

City  
Brooklyn

State  
NY

Zip Code  
11236-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 04 / 2025

Transaction ID : 9882613

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edouard, Marie, , ,**

Mailing Address 1123 E 102nd St

City  
Brooklyn

State  
NY

Zip Code  
11236-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 02 / 2025

Transaction ID : 9882614

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 830 OF 2967

|                                                |                              |                              |                             |
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edouard, Marie, , ,**

Mailing Address 1123 E 102nd St

City  
BrooklynState  
NYZip Code  
11236-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882615

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edouard, Marie, , ,**

Mailing Address 1123 E 102nd St

City  
BrooklynState  
NYZip Code  
11236-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875369

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edouard, Marie, , ,**

Mailing Address 1123 E 102nd St

City  
BrooklynState  
NYZip Code  
11236-4439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875370

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 831 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards Chung, Yana, , ,**

Mailing Address 14340 229th St

City  
LaureltonState  
NYZip Code  
11413-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards Chung, Yana, , ,**

Mailing Address 14340 229th St

City  
LaureltonState  
NYZip Code  
11413-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879486

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards Chung, Yana, , ,**

Mailing Address 14340 229th St

City  
LaureltonState  
NYZip Code  
11413-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879487

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 832 OF 2967

|                                                |                              |                              |                             |
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards Chung, Yana, , ,**

Mailing Address 14340 229th St

City  
LaureltonState  
NYZip Code  
11413-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879488

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards Chung, Yana, , ,**

Mailing Address 14340 229th St

City  
LaureltonState  
NYZip Code  
11413-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874563

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards Chung, Yana, , ,**

Mailing Address 14340 229th St

City  
LaureltonState  
NYZip Code  
11413-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874564

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Akeem, , ,**Mailing Address 11110 95th Ave  
Apt 2FCity  
South Richmond HillState  
NYZip Code  
11419-1102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside ManorOccupation (for Individual)  
DIETAI Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881303

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Akeem, , ,**Mailing Address 11110 95th Ave  
Apt 2FCity  
South Richmond HillState  
NYZip Code  
11419-1102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside ManorOccupation (for Individual)  
DIETAI Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9881304

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Akeem, , ,**Mailing Address 11110 95th Ave  
Apt 2FCity  
South Richmond HillState  
NYZip Code  
11419-1102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside ManorOccupation (for Individual)  
DIETAI Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9881305

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 834 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Akeem, , ,**Mailing Address 11110 95th Ave  
Apt 2FCity  
South Richmond HillState  
NYZip Code  
11419-1102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside ManorOccupation (for Individual)  
DIETAI Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9881306

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Akeem, , ,**Mailing Address 11110 95th Ave  
Apt 2FCity  
South Richmond HillState  
NYZip Code  
11419-1102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside ManorOccupation (for Individual)  
DIETAI Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876666

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Akeem, , ,**Mailing Address 11110 95th Ave  
Apt 2FCity  
South Richmond HillState  
NYZip Code  
11419-1102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside ManorOccupation (for Individual)  
DIETAI Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881302

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Imani, , ,**

Mailing Address 214 Main St  
Apt 103

City  
Hackensack

State  
NJ

Zip Code  
07601-7369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 10 / 2025

**Transaction ID : 9881703**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Imani, , ,**

Mailing Address 214 Main St  
Apt 103

City  
Hackensack

State  
NJ

Zip Code  
07601-7369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9881704**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Imani, , ,**

Mailing Address 214 Main St  
Apt 103

City  
Hackensack

State  
NJ

Zip Code  
07601-7369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2025

**Transaction ID : 9881705**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 836 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Imani, , ,**Mailing Address 214 Main St  
Apt 103City  
HackensackState  
NJZip Code  
07601-7369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881706

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Imani, , ,**Mailing Address 214 Main St  
Apt 103City  
HackensackState  
NJZip Code  
07601-7369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876327

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Imani, , ,**Mailing Address 214 Main St  
Apt 103City  
HackensackState  
NJZip Code  
07601-7369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876328

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 837 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880491

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880499

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9880492

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 838 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9880500

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880493

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9880501

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 839 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9880503

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880494

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880495

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 840 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876754

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9880496

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9880498

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Edwards, Ruth Ann, , ,**Mailing Address 1 Chadwich Gdn  
Apt C9City  
NewburghState  
NYZip Code  
12550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salem HillsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9880497

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Egasan, Krystal Mae, , ,**Mailing Address 277 Van Cortlandt Ave E  
Apt 2DCity  
BronxState  
NYZip Code  
10467-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877908

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Egasan, Krystal Mae, , ,**Mailing Address 277 Van Cortlandt Ave E  
Apt 2DCity  
BronxState  
NYZip Code  
10467-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9875659

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Egasan, Krystal Mae, , ,**Mailing Address 277 Van Cortlandt Ave E  
Apt 2DCity  
BronxState  
NYZip Code  
10467-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9877906

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Egasan, Krystal Mae, , ,**Mailing Address 277 Van Cortlandt Ave E  
Apt 2DCity  
BronxState  
NYZip Code  
10467-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9875660

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Egasan, Krystal Mae, , ,**Mailing Address 277 Van Cortlandt Ave E  
Apt 2DCity  
BronxState  
NYZip Code  
10467-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9877907

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 843 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellis, Angela, , ,**

Mailing Address 143 -17 180 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 01 2025

Transaction ID : 9879671

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellis, Angela, , ,**

Mailing Address 143 -17 180 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 04 2025

Transaction ID : 9879672

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellis, Angela, , ,**

Mailing Address 143 -17 180 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 27 2025

Transaction ID : 9879673

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 844 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellis, Angela, , ,**

Mailing Address 143 -17 180 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874045

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellis, Angela, , ,**

Mailing Address 143 -17 180 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874046

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellis, Gregory, , ,**

Mailing Address 9830 67th Ave

City  
Rego ParkState  
NYZip Code  
11374-4966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9879317

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 845 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellis, Gregory, , ,**

Mailing Address 9830 67th Ave

City

Rego Park

State

NY

Zip Code

11374-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

MAINTENANCE MECHANI

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879318

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellis, Gregory, , ,**

Mailing Address 9830 67th Ave

City

Rego Park

State

NY

Zip Code

11374-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

MAINTENANCE MECHANI

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879319

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellis, Gregory, , ,**

Mailing Address 9830 67th Ave

City

Rego Park

State

NY

Zip Code

11374-4966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

MAINTENANCE MECHANI

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875746

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 846 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellis, Gregory, , ,**

Mailing Address 9830 67th Ave

City  
Rego ParkState  
NYZip Code  
11374-4966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
MAINTENANCE MECHANI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875747

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellis, Jennifer, , ,**Mailing Address 564 Park Ave  
Apt 5DCity  
BrooklynState  
NYZip Code  
11206-7505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878728

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellis, Jennifer, , ,**Mailing Address 564 Park Ave  
Apt 5DCity  
BrooklynState  
NYZip Code  
11206-7505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878729

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellis, Jennifer, , ,**Mailing Address 564 Park Ave  
Apt 5DCity  
BrooklynState  
NYZip Code  
11206-7505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878730

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellis, Jennifer, , ,**Mailing Address 564 Park Ave  
Apt 5DCity  
BrooklynState  
NYZip Code  
11206-7505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875282

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellis, Jennifer, , ,**Mailing Address 564 Park Ave  
Apt 5DCity  
BrooklynState  
NYZip Code  
11206-7505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875283

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 848 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                         |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Ellis, Jennifer, , ,</b>               |             |                                                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 05 / 2025<br><b>Transaction ID : 9875284</b> |  |
| Mailing Address 564 Park Ave<br>Apt 5D                                                                                          |             |                                                         | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11206-7505                                  | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                         |                                                                                                     |  |
| Name of Employer (for Individual)<br>New York Presbyterian-Queens                                                               |             | Occupation (for Individual)<br>ENVIRONM                 |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>260.00                      |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Ellis, Maria, , ,</b>                  |             |                                                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 02 / 2025<br><b>Transaction ID : 9879109</b> |  |
| Mailing Address 1123 E 58th St<br>Null                                                                                          |             |                                                         | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11234-2554                                  | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                         |                                                                                                     |  |
| Name of Employer (for Individual)<br>Mount Sinai Hospital                                                                       |             | Occupation (for Individual)<br>Business Associate B-MSH |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                      |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Ellis, Maria, , ,</b>                  |             |                                                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 08 / 2025<br><b>Transaction ID : 9879110</b> |  |
| Mailing Address 1123 E 58th St<br>Null                                                                                          |             |                                                         | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11234-2554                                  | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                         |                                                                                                     |  |
| Name of Employer (for Individual)<br>Mount Sinai Hospital                                                                       |             | Occupation (for Individual)<br>Business Associate B-MSH |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                      |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                         | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                         |                                                                                                     |  |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 849 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Ellis, Maria, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 03 / 2025<br><b>Transaction ID : 9879111</b> |
| Mailing Address 1123 E 58th St<br>Null                                                                                          |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11234-2554                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Mount Sinai Hospital                                                                       |             |                                                                                                     |
| Occupation (for Individual)<br>Business Associate B-MSH                                                                         |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Ellis, Maria, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 09 / 2025<br><b>Transaction ID : 9879112</b> |
| Mailing Address 1123 E 58th St<br>Null                                                                                          |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11234-2554                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Mount Sinai Hospital                                                                       |             |                                                                                                     |
| Occupation (for Individual)<br>Business Associate B-MSH                                                                         |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Ellis, Maria, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9876040</b> |
| Mailing Address 1123 E 58th St<br>Null                                                                                          |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11234-2554                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>Mount Sinai Hospital                                                                       |             |                                                                                                     |
| Occupation (for Individual)<br>Business Associate B-MSH                                                                         |             |                                                                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 850 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellis, Maria, , ,**

Mailing Address 1123 E 58th St

Null

City

Brooklyn

State

NY

Zip Code

11234-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Business Associate B-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879108

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellison, Brittany, , ,**

Mailing Address 106 Madison St

City

Wellsville

State

NY

Zip Code

14895-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Highland Park Rehabilitation &amp; Nursing

Occupation (for Individual)

Laundry Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9873542

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellison, Brittany, , ,**

Mailing Address 106 Madison St

City

Wellsville

State

NY

Zip Code

14895-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Highland Park Rehabilitation &amp; Nursing

Occupation (for Individual)

Laundry Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881878

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellison, Brittany, , ,**

Mailing Address 106 Madison St

City  
Wellsville

State  
NY

Zip Code  
14895-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & Nursing

Occupation (for Individual)  
Laundry Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9881879

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellison, Brittany, , ,**

Mailing Address 106 Madison St

City  
Wellsville

State  
NY

Zip Code  
14895-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & Nursing

Occupation (for Individual)  
Laundry Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9881880

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellison, Brittany, , ,**

Mailing Address 106 Madison St

City  
Wellsville

State  
NY

Zip Code  
14895-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & Nursing

Occupation (for Individual)  
Laundry Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9881881

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellison, Brittany, , ,**

Mailing Address 106 Madison St

City  
Wellsville

State  
NY

Zip Code  
14895-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & Nursing

Occupation (for Individual)  
Laundry Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9881882

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm Beach

State  
FL

Zip Code  
33417-5473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9882278

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm Beach

State  
FL

Zip Code  
33417-5473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9882279

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 853 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm BeachState  
FLZip Code  
33417-5473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874687

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm BeachState  
FLZip Code  
33417-5473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882275

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm BeachState  
FLZip Code  
33417-5473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874689

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm BeachState  
FLZip Code  
33417-5473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882277

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm BeachState  
FLZip Code  
33417-5473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874688

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Elysee, Schneidine, , ,**

Mailing Address 1151 Fernlea Dr

City  
West Palm BeachState  
FLZip Code  
33417-5473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882276

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 855 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879567

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9879554

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879555

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
Rosedale

State  
NY

Zip Code  
11422-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & Rehab

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 13 / 2025

**Transaction ID : 9879568**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
Rosedale

State  
NY

Zip Code  
11422-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & Rehab

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 18 / 2025

**Transaction ID : 9879556**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
Rosedale

State  
NY

Zip Code  
11422-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & Rehab

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2025

**Transaction ID : 9879557**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 857 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9873973

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9879565

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9873974

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 858 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9879566

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emmanuel, Altagrace, , ,**

Mailing Address 12133 237th St

City  
RosedaleState  
NYZip Code  
11422-1038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King David Center for Nursing & RehabOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879558

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ennis, Debra, , ,**Mailing Address 270 Evergreen Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11221-2605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878967

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 859 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ennis, Debra, , ,**Mailing Address 270 Evergreen Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11221-2605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878966

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ennis, Debra, , ,**Mailing Address 270 Evergreen Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11221-2605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873703

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ennis, Debra, , ,**Mailing Address 270 Evergreen Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11221-2605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878965

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 860 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Erazo, Myriam, , ,**Mailing Address 620 Baychester Ave  
Apt 24ACity  
BronxState  
NYZip Code  
10475-4403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878086

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Erazo, Myriam, , ,**Mailing Address 620 Baychester Ave  
Apt 24ACity  
BronxState  
NYZip Code  
10475-4403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878087

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Erazo, Myriam, , ,**Mailing Address 620 Baychester Ave  
Apt 24ACity  
BronxState  
NYZip Code  
10475-4403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878088

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Erazo, Myriam, , ,**Mailing Address 620 Baychester Ave  
Apt 24ACity  
BronxState  
NYZip Code  
10475-4403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874201

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Erazo, Myriam, , ,**Mailing Address 620 Baychester Ave  
Apt 24ACity  
BronxState  
NYZip Code  
10475-4403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874202

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Esparza, Ashley, , ,**

Mailing Address 600 Fifth Ave

City  
PelhamState  
NYZip Code  
10803-1293FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876003

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 862 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Esparza, Ashley, , ,**

Mailing Address 600 Fifth Ave

City  
PelhamState  
NYZip Code  
10803-1293FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878428

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Esparza, Ashley, , ,**

Mailing Address 600 Fifth Ave

City  
PelhamState  
NYZip Code  
10803-1293FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9876004

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Esparza, Ashley, , ,**

Mailing Address 600 Fifth Ave

City  
PelhamState  
NYZip Code  
10803-1293FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9878429

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espinal, Johnny, , ,**Mailing Address 2320 Bronx Park E  
Apt 6JCity  
BronxState  
NYZip Code  
10467-7547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
ASSOCIATE LABORATORY MICROBI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9877857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Espinal, Johnny, , ,**Mailing Address 2320 Bronx Park E  
Apt 6JCity  
BronxState  
NYZip Code  
10467-7547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
ASSOCIATE LABORATORY MICROBI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9876086

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Espinal, Johnny, , ,**Mailing Address 2320 Bronx Park E  
Apt 6JCity  
BronxState  
NYZip Code  
10467-7547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
ASSOCIATE LABORATORY MICROBI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9876087

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espinosa, Julia, , ,**Mailing Address 237 W 127th St  
Apt 4CCity  
New YorkState  
NYZip Code  
10027-2959FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9877201

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Espinosa, Julia, , ,**Mailing Address 237 W 127th St  
Apt 4CCity  
New YorkState  
NYZip Code  
10027-2959FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877202

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Espinosa, Julia, , ,**Mailing Address 237 W 127th St  
Apt 4CCity  
New YorkState  
NYZip Code  
10027-2959FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877203

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 865 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espinosa, Julia, , ,**Mailing Address 237 W 127th St  
Apt 4CCity  
New YorkState  
NYZip Code  
10027-2959FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873443

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Espinosa, Julia, , ,**Mailing Address 237 W 127th St  
Apt 4CCity  
New YorkState  
NYZip Code  
10027-2959FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877200

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Espinoza Moreira, Ivonne, , ,**Mailing Address 735 Cauldwell Ave  
Apt 100City  
BronxState  
NYZip Code  
10455-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9877580

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 866 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espinoza Moreira, Ivonne, , ,**Mailing Address 735 Cauldwell Ave  
Apt 100City  
BronxState  
NYZip Code  
10455-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9877581

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Espinoza Moreira, Ivonne, , ,**Mailing Address 735 Cauldwell Ave  
Apt 100City  
BronxState  
NYZip Code  
10455-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873464

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Espinoza Moreira, Ivonne, , ,**Mailing Address 735 Cauldwell Ave  
Apt 100City  
BronxState  
NYZip Code  
10455-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9877578

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espinoza Moreira, Ivonne, , ,**Mailing Address 735 Cauldwell Ave  
Apt 100City  
BronxState  
NYZip Code  
10455-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873465

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Espinoza Moreira, Ivonne, , ,**Mailing Address 735 Cauldwell Ave  
Apt 100City  
BronxState  
NYZip Code  
10455-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877579

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Espinoza, Milton, , ,**Mailing Address 6155 98th St  
Apt 6ECity  
Rego ParkState  
NYZip Code  
11374-1436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Hlth Sys Pharmacist-L III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879316

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 868 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Espinoza, Milton, , ,</b>              |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 04 / 2025<br><b>Transaction ID : 9879314</b> |
| Mailing Address 6155 98th St<br>Apt 6E                                                                                          |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item               |
| City<br>Rego Park                                                                                                               | State<br>NY |                                                                                                 |
| Zip Code<br>11374-1436                                                                                                          |             |                                                                                                 |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                 |
| Name of Employer (for Individual)<br>Civil Service Pharmacists                                                                  |             | Occupation (for Individual)<br>Hlth Sys Pharmacist-L III                                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                              |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Espinoza, Milton, , ,</b>              |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 27 / 2025<br><b>Transaction ID : 9879315</b> |
| Mailing Address 6155 98th St<br>Apt 6E                                                                                          |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item               |
| City<br>Rego Park                                                                                                               | State<br>NY |                                                                                                 |
| Zip Code<br>11374-1436                                                                                                          |             |                                                                                                 |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                 |
| Name of Employer (for Individual)<br>Civil Service Pharmacists                                                                  |             | Occupation (for Individual)<br>Hlth Sys Pharmacist-L III                                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                              |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Espinoza, Milton, , ,</b>              |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 17 / 2025<br><b>Transaction ID : 9875716</b> |
| Mailing Address 6155 98th St<br>Apt 6E                                                                                          |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item               |
| City<br>Rego Park                                                                                                               | State<br>NY |                                                                                                 |
| Zip Code<br>11374-1436                                                                                                          |             |                                                                                                 |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                 |
| Name of Employer (for Individual)<br>Civil Service Pharmacists                                                                  |             | Occupation (for Individual)<br>Hlth Sys Pharmacist-L III                                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                                                              |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                           |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                 |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espinoza, Milton, , ,**Mailing Address 6155 98th St  
Apt 6ECity  
Rego ParkState  
NYZip Code  
11374-1436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Hlth Sys Pharmacist-L III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9879313

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Estrada, Melissa, , ,**

Mailing Address 5810 Longfellow St

City

Riverdale Park

State

MD

Zip Code

20737-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitman Walker ClinicsOccupation (for Individual)  
SENIOR RESEARCH SPECIALIST BIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9881932

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Estrada, Melissa, , ,**

Mailing Address 5810 Longfellow St

City

Riverdale Park

State

MD

Zip Code

20737-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitman Walker ClinicsOccupation (for Individual)  
SENIOR RESEARCH SPECIALIST BIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875959

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Estrada, Melissa, , ,**

Mailing Address 5810 Longfellow St

City  
Riverdale Park

State  
MD

Zip Code  
20737-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitman Walker Clinics

Occupation (for Individual)  
SENIOR RESEARCH SPECIALIST BIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9875960

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Estrada, Melissa, , ,**

Mailing Address 5810 Longfellow St

City  
Riverdale Park

State  
MD

Zip Code  
20737-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitman Walker Clinics

Occupation (for Individual)  
SENIOR RESEARCH SPECIALIST BIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9875961

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Estrada, Melissa, , ,**

Mailing Address 5810 Longfellow St

City  
Riverdale Park

State  
MD

Zip Code  
20737-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitman Walker Clinics

Occupation (for Individual)  
SENIOR RESEARCH SPECIALIST BIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

11 / 26 / 2025

Transaction ID : 9875962

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 871 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Estrada, Melissa, , ,**

Mailing Address 5810 Longfellow St

City  
Riverdale ParkState  
MDZip Code  
20737-2656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitman Walker ClinicsOccupation (for Individual)  
SENIOR RESEARCH SPECIALIST BIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2025

Transaction ID : 9875963

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Etienne, Sara, , ,**

Mailing Address 62 Orleans Rd

City  
Valley StreamState  
NYZip Code  
11581-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873889

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Etienne, Sara, , ,**

Mailing Address 62 Orleans Rd

City  
Valley StreamState  
NYZip Code  
11581-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879949

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Etienne, Sara, , ,**

Mailing Address 62 Orleans Rd

City  
Valley StreamState  
NYZip Code  
11581-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879950

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Etienne, Sara, , ,**

Mailing Address 62 Orleans Rd

City  
Valley StreamState  
NYZip Code  
11581-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879948

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Etienne, Sara, , ,**

Mailing Address 62 Orleans Rd

City  
Valley StreamState  
NYZip Code  
11581-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873888

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 873 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Etienne, Sara, , ,**

Mailing Address 62 Orleans Rd

City  
Valley StreamState  
NYZip Code  
11581-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879947

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eubanks, Krystal, , ,**Mailing Address 2010 Adam Clayton Powell Jr Blvd  
NullCity  
New YorkState  
NYZip Code  
10027-6205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9877205

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eubanks, Krystal, , ,**Mailing Address 2010 Adam Clayton Powell Jr Blvd  
NullCity  
New YorkState  
NYZip Code  
10027-6205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877206

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eubanks, Krystal, , ,**

Mailing Address 2010 Adam Clayton Powell Jr Blvd

Null

City  
New York

State  
NY

Zip Code  
10027-6205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9877207**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eubanks, Krystal, , ,**

Mailing Address 2010 Adam Clayton Powell Jr Blvd

Null

City  
New York

State  
NY

Zip Code  
10027-6205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9877208**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eubanks, Krystal, , ,**

Mailing Address 2010 Adam Clayton Powell Jr Blvd

Null

City  
New York

State  
NY

Zip Code  
10027-6205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

**Transaction ID : 9875157**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eubanks, Krystal, , ,**

Mailing Address 2010 Adam Clayton Powell Jr Blvd

Null

City  
New YorkState  
NYZip Code  
10027-6205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9877204

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882072

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882073

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 876 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874938

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882069

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874939

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882070

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874940

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eugene, Guetty, , ,**

Mailing Address 240 N 68th Way

City  
HollywoodState  
FLZip Code  
33024-7540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882071

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 878 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879503

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879525

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879526

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Donnett, , ,**

Mailing Address 145 37 232 St  
Apt 2G

City  
Rosedale

State  
NY

Zip Code  
11413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 08 / 2025

Transaction ID : 9879504

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Donnett, , ,**

Mailing Address 145 37 232 St  
Apt 2G

City  
Rosedale

State  
NY

Zip Code  
11413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9879505

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Donnett, , ,**

Mailing Address 145 37 232 St  
Apt 2G

City  
Rosedale

State  
NY

Zip Code  
11413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 09 / 2025

Transaction ID : 9879506

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 880 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879507

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873480

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879523

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 881 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879508

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9873481

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Donnett, , ,**Mailing Address 145 37 232 St  
Apt 2GCity  
RosedaleState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Nursing Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9879524

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Rosey, , ,**Mailing Address 120 Alcott Pl  
Apt 10KCity  
BronxState  
NYZip Code  
10475-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mosholu Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878104

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Rosey, , ,**Mailing Address 120 Alcott Pl  
Apt 10KCity  
BronxState  
NYZip Code  
10475-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mosholu Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878105

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Rosey, , ,**Mailing Address 120 Alcott Pl  
Apt 10KCity  
BronxState  
NYZip Code  
10475-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mosholu Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9875103

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Rosey, , ,**Mailing Address 120 Alcott Pl  
Apt 10KCity  
BronxState  
NYZip Code  
10475-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mosholu Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9875104

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Rosey, , ,**Mailing Address 120 Alcott Pl  
Apt 10KCity  
BronxState  
NYZip Code  
10475-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mosholu Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875105

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Rosey, , ,**Mailing Address 120 Alcott Pl  
Apt 10KCity  
BronxState  
NYZip Code  
10475-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mosholu Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875106

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 884 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Exil, Josie, , ,**Mailing Address 149 E 31st St  
Apt A4City  
BrooklynState  
NYZip Code  
11226-5143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873204

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Exil, Josie, , ,**Mailing Address 149 E 31st St  
Apt A4City  
BrooklynState  
NYZip Code  
11226-5143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873205

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ezeanolue, Melody, , ,**Mailing Address 1011 University Ave  
Apt 6City  
RochesterState  
NYZip Code  
14607-1264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wesley GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9876675

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ezeanolue, Melody, , ,**

Mailing Address 1011 University Ave  
Apt 6

City  
Rochester

State  
NY

Zip Code  
14607-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wesley Gardens

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 05 / 2025

Transaction ID : 9876676

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ezeanolue, Melody, , ,**

Mailing Address 1011 University Ave  
Apt 6

City  
Rochester

State  
NY

Zip Code  
14607-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wesley Gardens

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9881790

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ezeanolue, Melody, , ,**

Mailing Address 1011 University Ave  
Apt 6

City  
Rochester

State  
NY

Zip Code  
14607-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wesley Gardens

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 03 / 2025

Transaction ID : 9876677

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 886 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ezeanolue, Melody, , ,**Mailing Address 1011 University Ave  
Apt 6City  
RochesterState  
NYZip Code  
14607-1264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wesley GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881791

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ezeanolue, Melody, , ,**Mailing Address 1011 University Ave  
Apt 6City  
RochesterState  
NYZip Code  
14607-1264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wesley GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876678

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fabian, Shilin, , ,**Mailing Address 150 E 165th St  
Apt 18City  
BronxState  
NYZip Code  
10452-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880957

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 887 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fabian, Shilin, , ,**Mailing Address 150 E 165th St  
Apt 18City  
BronxState  
NYZip Code  
10452-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880958

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fabian, Shilin, , ,**Mailing Address 150 E 165th St  
Apt 18City  
BronxState  
NYZip Code  
10452-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876165

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fabian, Shilin, , ,**Mailing Address 150 E 165th St  
Apt 18City  
BronxState  
NYZip Code  
10452-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880955

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fabian, Shilin, , ,**Mailing Address 150 E 165th St  
Apt 18City  
BronxState  
NYZip Code  
10452-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876166

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fabian, Shilin, , ,**Mailing Address 150 E 165th St  
Apt 18City  
BronxState  
NYZip Code  
10452-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880956

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fairclough, Corrine, , ,**

Mailing Address 155 -51 116 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873868

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

65.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fairclough, Corrine, , ,**

Mailing Address 155 -51 116 Ave

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 30 / 2025

**Transaction ID : 9873866**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fairclough, Corrine, , ,**

Mailing Address 155 -51 116 Ave

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 30 / 2025

**Transaction ID : 9879661**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fairclough, Corrine, , ,**

Mailing Address 155 -51 116 Ave

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 04 / 2025

**Transaction ID : 9879660**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 890 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fairclough, Corrine, , ,**

Mailing Address 155 -51 116 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873867

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fairclough, Corrine, , ,**

Mailing Address 155 -51 116 Ave

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879659

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875232

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874749

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875233

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874750

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 892 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9875234

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874751

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875235

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 893 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874752

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874753

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875237

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fajardo, Fernando, , ,**Mailing Address 3250 93rd St  
Apt A4City  
East ElmhurstState  
NYZip Code  
11369-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874754

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
NullCity  
Far RockawayState  
NYZip Code  
11691-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9880001

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 895 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879999

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880000

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879998

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 896 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 24    |   | 2025        |

**Transaction ID : 9875159**

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 24    |   | 2025        |

**Transaction ID : 9880038**

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2025        |

**Transaction ID : 9879997**

Amount of Each Receipt this Period

10.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 897 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 22    |   | 2025        |

**Transaction ID : 9875160**

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 22    |   | 2025        |

**Transaction ID : 9880039**

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

**Transaction ID : 9875161**

Amount of Each Receipt this Period

10.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 898 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fanfan, Onite, , ,**Mailing Address 2025 Elk Dr  
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9880040

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Farkas, Katalin, , ,**Mailing Address 4913 31st Ave  
# 1

City

Woodside

State

NY

Zip Code

11377-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Beth Abraham Centers for Care

Occupation (for Individual)

DIETICIAN

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874981

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Farkas, Katalin, , ,**Mailing Address 4913 31st Ave  
# 1

City

Woodside

State

NY

Zip Code

11377-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Beth Abraham Centers for Care

Occupation (for Individual)

DIETICIAN

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874982

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fayette, Judith, , ,**Mailing Address 3023 AVENUE  
Apt 3FCity  
BrooklynState  
NYZip Code  
11235FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9876736

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fayette, Judith, , ,**Mailing Address 3023 AVENUE  
Apt 3FCity  
BrooklynState  
NYZip Code  
11235FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9876737

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fayette, Judith, , ,**Mailing Address 3023 AVENUE  
Apt 3FCity  
BrooklynState  
NYZip Code  
11235FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9876738

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fayette, Judith, , ,**

Mailing Address 3023 AVENUE  
Apt 3F

City  
Brooklyn

State  
NY

Zip Code  
11235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym Salomon

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9876739**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fayette, Judith, , ,**

Mailing Address 3023 AVENUE  
Apt 3F

City  
Brooklyn

State  
NY

Zip Code  
11235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym Salomon

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : 9876740**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Felix, Jean, , ,**

Mailing Address 514 Williams Ave  
Apt 4D

City  
Brooklyn

State  
NY

Zip Code  
11207-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882543**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Felix, Jean, , ,**

Mailing Address 514 Williams Ave  
Apt 4D

City  
Brooklyn

State  
NY

Zip Code  
11207-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 04 / 2025

Transaction ID : 9882544

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Felix, Jean, , ,**

Mailing Address 514 Williams Ave  
Apt 4D

City  
Brooklyn

State  
NY

Zip Code  
11207-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 02 / 2025

Transaction ID : 9882545

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Felix, Jean, , ,**

Mailing Address 514 Williams Ave  
Apt 4D

City  
Brooklyn

State  
NY

Zip Code  
11207-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2025

Transaction ID : 9882546

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 902 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Felix, Jean, , ,**Mailing Address 514 Williams Ave  
Apt 4DCity  
BrooklynState  
NYZip Code  
11207-5115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875450

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Felix, Jean, , ,**Mailing Address 514 Williams Ave  
Apt 4DCity  
BrooklynState  
NYZip Code  
11207-5115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875451

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Felix, Lloyd, , ,**

Mailing Address 15555 116th Ave

City  
JamaicaState  
NYZip Code  
11434-1509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882669

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Felix, Lloyd, , ,**

Mailing Address 15555 116th Ave

City  
Jamaica

State  
NY

Zip Code  
11434-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9882670**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Felix, Lloyd, , ,**

Mailing Address 15555 116th Ave

City  
Jamaica

State  
NY

Zip Code  
11434-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

**Transaction ID : 9882671**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Felix, Lloyd, , ,**

Mailing Address 15555 116th Ave

City  
Jamaica

State  
NY

Zip Code  
11434-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9882672**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 904 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Felix, Lloyd, , ,**

Mailing Address 15555 116th Ave

City  
JamaicaState  
NYZip Code  
11434-1509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875394

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Felix, Lloyd, , ,**

Mailing Address 15555 116th Ave

City  
JamaicaState  
NYZip Code  
11434-1509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875395

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North CollinsState  
NYZip Code  
14111-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9875077

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North Collins

State  
NY

Zip Code  
14111-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 08 / 2025

**Transaction ID : 9875078**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North Collins

State  
NY

Zip Code  
14111-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

09 / 16 / 2025

**Transaction ID : 9875075**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North Collins

State  
NY

Zip Code  
14111-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

09 / 26 / 2025

**Transaction ID : 9875079**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 906 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North CollinsState  
NYZip Code  
14111-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2025

Transaction ID : 9875076

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North CollinsState  
NYZip Code  
14111-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875080

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fera, Dominic, , ,**

Mailing Address 10170 Eden Rd

City  
North CollinsState  
NYZip Code  
14111-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eden Rehab & Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2025

Transaction ID : 9875081

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ferguson, Ashley, , ,**Mailing Address 955 Evergreen Ave  
Apt 707City  
BronxState  
NYZip Code  
10473-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881239

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ferguson, Ashley, , ,**Mailing Address 955 Evergreen Ave  
Apt 707City  
BronxState  
NYZip Code  
10473-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881240

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ferguson, Ashley, , ,**Mailing Address 955 Evergreen Ave  
Apt 707City  
BronxState  
NYZip Code  
10473-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881241

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ferguson, Ashley, , ,**Mailing Address 955 Evergreen Ave  
Apt 707City  
BronxState  
NYZip Code  
10473-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881242

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ferguson, Ashley, , ,**Mailing Address 955 Evergreen Ave  
Apt 707City  
BronxState  
NYZip Code  
10473-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876269

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ferguson, Ashley, , ,**Mailing Address 955 Evergreen Ave  
Apt 707City  
BronxState  
NYZip Code  
10473-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876270

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 909 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fernandez, Altagracia, , ,**Mailing Address 1335 College Ave  
Apt 4CCity  
BronxState  
NYZip Code  
10456-1540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9881401

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fernandez, Altagracia, , ,**Mailing Address 1335 College Ave  
Apt 4CCity  
BronxState  
NYZip Code  
10456-1540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9881402

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fernandez, Altagracia, , ,**Mailing Address 1335 College Ave  
Apt 4CCity  
BronxState  
NYZip Code  
10456-1540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881403

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 910 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fernandez, Altagracia, , ,**Mailing Address 1335 College Ave  
Apt 4CCity  
BronxState  
NYZip Code  
10456-1540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873721

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fernandez, Altagracia, , ,**Mailing Address 1335 College Ave  
Apt 4CCity  
BronxState  
NYZip Code  
10456-1540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881400

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fernandez, Miriam, , ,**

Mailing Address 10111 44th Ave

City  
CoronaState  
NYZip Code  
11368-2432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of QueensOccupation (for Individual)  
Registrar-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879293

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fernandez, Miriam, , ,**

Mailing Address 10111 44th Ave

City  
Corona

State  
NY

Zip Code  
11368-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens

Occupation (for Individual)  
Registrar-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9879294**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fernandez, Miriam, , ,**

Mailing Address 10111 44th Ave

City  
Corona

State  
NY

Zip Code  
11368-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens

Occupation (for Individual)  
Registrar-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9879295**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fernandez, Miriam, , ,**

Mailing Address 10111 44th Ave

City  
Corona

State  
NY

Zip Code  
11368-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens

Occupation (for Individual)  
Registrar-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

**Transaction ID : 9879296**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 912 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fernandez, Miriam, , ,**

Mailing Address 10111 44th Ave

City  
Corona

State  
NY

Zip Code  
11368-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens

Occupation (for Individual)  
Registrar-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9874678**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fernandez, Miriam, , ,**

Mailing Address 10111 44th Ave

City  
Corona

State  
NY

Zip Code  
11368-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens

Occupation (for Individual)  
Registrar-MSQ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9879292**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far Rockaway

State  
NY

Zip Code  
11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

**Transaction ID : 9880041**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 913 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9880011

Amount of Each Receipt this Period

2.50

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880013

Amount of Each Receipt this Period

2.50

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9880014

Amount of Each Receipt this Period

2.50

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

7.50

TOTAL This Period (last page this line number only).....▶

FOR LINE NUMBER: (check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

1199 SEIU United Healthcare Workers East Federal Political Action Fund

250.00

Memo Item

Memo Item

250.00

Memo Item

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 11    |   | 2025        |

Transaction ID : 9880012

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 20    |   | 2025        |

Transaction ID : 9880017

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 27    |   | 2025        |

Transaction ID : 9880019

Amount of Each Receipt this Period

2.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 916 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880020

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9880043

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9880018

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far Rockaway

State  
NY

Zip Code  
11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2025

Transaction ID : 9880021

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far Rockaway

State  
NY

Zip Code  
11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2025

Transaction ID : 9880022

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far Rockaway

State  
NY

Zip Code  
11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2025

Transaction ID : 9880023

Amount of Each Receipt this Period

2.50

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 918 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9880044

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9880024

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880025

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

15.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9880027

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9880029

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9880026

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 920 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 06    |   | 2025        |

Transaction ID : 9880045

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 10    |   | 2025        |

Transaction ID : 9880028

Amount of Each Receipt this Period

2.50

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 19    |   | 2025        |

Transaction ID : 9880032

Amount of Each Receipt this Period

2.50

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

15.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 921 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far RockawayState  
NYZip Code  
11691-1223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9880031

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far RockawayState  
NYZip Code  
11691-1223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9880030

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City  
Far RockawayState  
NYZip Code  
11691-1223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9880033

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 922 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9880046

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876001

Amount of Each Receipt this Period

2.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fetuga Pele, Faith, , ,**

Mailing Address 461 Beach 44Th St

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9876002

Amount of Each Receipt this Period

2.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

15.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 923 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fields, Katrena, , ,**Mailing Address 1203 Findlay Ave  
Apt 25ACity  
BronxState  
NYZip Code  
10456-4107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876688

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fields, Katrena, , ,**Mailing Address 1203 Findlay Ave  
Apt 25ACity  
BronxState  
NYZip Code  
10456-4107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876689

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fingold, Rose, , ,**Mailing Address 399 Ocean Ave  
NullCity  
Jersey CityState  
NJZip Code  
07305-3000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Callen-Lorde Community Health CenterOccupation (for Individual)  
FACILITIES MAINTENANCE ASSOCIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9881682

Amount of Each Receipt this Period

27.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

107.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 924 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fingold, Rose, , ,**

Mailing Address 399 Ocean Ave

Null

City

Jersey City

State

NJ

Zip Code

07305-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Callen-Lorde Community Health Center

Occupation (for Individual)

FACILITIES MAINTENANCE ASSOCIA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9881683

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fingold, Rose, , ,**

Mailing Address 399 Ocean Ave

Null

City

Jersey City

State

NJ

Zip Code

07305-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Callen-Lorde Community Health Center

Occupation (for Individual)

FACILITIES MAINTENANCE ASSOCI/

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9881684

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fingold, Rose, , ,**

Mailing Address 399 Ocean Ave

Null

City

Jersey City

State

NJ

Zip Code

07305-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Callen-Lorde Community Health Center

Occupation (for Individual)

FACILITIES MAINTENANCE ASSOCIA

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9874093

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 925 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fingold, Rose, , ,**Mailing Address 399 Ocean Ave  
NullCity  
Jersey CityState  
NJZip Code  
07305-3000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Callen-Lorde Community Health CenterOccupation (for Individual)  
FACILITIES MAINTENANCE ASSOCIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9881681

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880468

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880469

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 926 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880467

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880470

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880471

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 927 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880473

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9880472

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880475

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880474

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9880476

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finnerty, Audrey, , ,**Mailing Address 144 Western Ave  
Apt 6City  
MarlboroState  
NYZip Code  
12542-5132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880477

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Finnerty, Audrey, , ,**

Mailing Address 144 Western Ave  
Apt 6

City  
Marlboro

State  
NY

Zip Code  
12542-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9873754**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finnerty, Audrey, , ,**

Mailing Address 144 Western Ave  
Apt 6

City  
Marlboro

State  
NY

Zip Code  
12542-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
Behavior Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9880466**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fleary, Petrina, , ,**

Mailing Address 1233 Saint Johns Pl  
Apt 1C

City  
Brooklyn

State  
NY

Zip Code  
11213-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882566**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

38.48

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fleary, Petrina, , ,**Mailing Address 1233 Saint Johns Pl  
Apt 1CCity  
BrooklynState  
NYZip Code  
11213-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882567

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fleary, Petrina, , ,**Mailing Address 1233 Saint Johns Pl  
Apt 1CCity  
BrooklynState  
NYZip Code  
11213-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882568

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fleary, Petrina, , ,**Mailing Address 1233 Saint Johns Pl  
Apt 1CCity  
BrooklynState  
NYZip Code  
11213-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882569

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fleary, Petrina, , ,**Mailing Address 1233 Saint Johns Pl  
Apt 1CCity  
BrooklynState  
NYZip Code  
11213-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875375

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fleary, Petrina, , ,**Mailing Address 1233 Saint Johns Pl  
Apt 1CCity  
BrooklynState  
NYZip Code  
11213-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fletcher, Christina, , ,**

Mailing Address 182 -08 145 Rd

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879515

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 932 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fletcher, Christina, , ,**

Mailing Address 182 -08 145 Rd

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876479

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fletcher, Christina, , ,**

Mailing Address 182 -08 145 Rd

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9879513

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fletcher, Christina, , ,**

Mailing Address 182 -08 145 Rd

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879514

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fletcher, Christina, , ,**

Mailing Address 182 -08 145 Rd

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876480

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877379

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877157

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 934 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877330

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877363

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9881100

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 935 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9875003

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875004

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875005

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 936 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fofana, Fatoumata, , ,**

Mailing Address 66 Lake Ave

City  
Staten IslandState  
NYZip Code  
10303-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875006

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fofana, Ilaloudine, , ,**Mailing Address 1154 Southern Blvd  
Apt 1City  
BronxState  
NYZip Code  
10459-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fieldstone Lodge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880852

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fofana, Ilaloudine, , ,**Mailing Address 1154 Southern Blvd  
Apt 1City  
BronxState  
NYZip Code  
10459-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fieldstone Lodge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880853

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fofana, Ilaloudine, , ,**Mailing Address 1154 Southern Blvd  
Apt 1City  
BronxState  
NYZip Code  
10459-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fieldstone Lodge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880854

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fofana, Ilaloudine, , ,**Mailing Address 1154 Southern Blvd  
Apt 1City  
BronxState  
NYZip Code  
10459-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fieldstone Lodge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9880855

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fofana, Ilaloudine, , ,**Mailing Address 1154 Southern Blvd  
Apt 1City  
BronxState  
NYZip Code  
10459-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fieldstone Lodge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874831

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 938 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fofana, Ilaloudine, , ,**Mailing Address 1154 Southern Blvd  
Apt 1City  
BronxState  
NYZip Code  
10459-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fieldstone Lodge Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9880851

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882004

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9882006

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9882005

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882007

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9874439

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 940 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025**Transaction ID : 9874440**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fogle, Helen, , ,**

Mailing Address 2523 Harry T Moore Ave

City  
MimsState  
FLZip Code  
32754-3941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Titusville Rehab. Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025**Transaction ID : 9882003**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fontanez, Marcel, , ,**Mailing Address 4225 65th Pl  
Apt 2CCity  
WoodsideState  
NYZip Code  
11377-5027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood Federation of AmeriOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 9879345**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 941 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fontanez, Marcel, , ,**Mailing Address 4225 65th Pl  
Apt 2CCity  
WoodsideState  
NYZip Code  
11377-5027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood Federation of AmeriOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9879346

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fontanez, Marcel, , ,**Mailing Address 4225 65th Pl  
Apt 2CCity  
WoodsideState  
NYZip Code  
11377-5027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood Federation of AmeriOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9879347

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fontanez, Marcel, , ,**Mailing Address 4225 65th Pl  
Apt 2CCity  
WoodsideState  
NYZip Code  
11377-5027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood Federation of AmeriOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9879348

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 942 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                            |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Fontanez, Marcel, , ,</b>              |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 26 / 2025<br><b>Transaction ID : 9873506</b> |  |
| Mailing Address 4225 65th Pl<br>Apt 2C                                                                                          |             |                                                            |                                                                                                     |  |
| City<br>Woodside                                                                                                                | State<br>NY | Zip Code<br>11377-5027                                     |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            | Amount of Each Receipt this Period<br>10.00                                                         |  |
| Name of Employer (for Individual)<br>Planned Parenthood Federation of Ameri                                                     |             | Occupation (for Individual)<br>Manager                     | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Fontanez, Marcel, , ,</b>              |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 26 / 2025<br><b>Transaction ID : 9879344</b> |  |
| Mailing Address 4225 65th Pl<br>Apt 2C                                                                                          |             |                                                            |                                                                                                     |  |
| City<br>Woodside                                                                                                                | State<br>NY | Zip Code<br>11377-5027                                     |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            | Amount of Each Receipt this Period<br>10.00                                                         |  |
| Name of Employer (for Individual)<br>Planned Parenthood Federation of Ameri                                                     |             | Occupation (for Individual)<br>Manager                     | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Forrester, Lesa, , ,</b>               |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2025<br><b>Transaction ID : 9873881</b> |  |
| Mailing Address 410 Lake Dr                                                                                                     |             |                                                            |                                                                                                     |  |
| City<br>Medford                                                                                                                 | State<br>NY | Zip Code<br>11763-4606                                     |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            | Amount of Each Receipt this Period<br>25.00                                                         |  |
| Name of Employer (for Individual)<br>Five Towns Premier Rehab & Nursing Cen                                                     |             | Occupation (for Individual)<br>Certified Nursing Assistant | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>275.00                         |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                            | 45.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                            |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 943 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Forrester, Lesa, , ,**

Mailing Address 410 Lake Dr

City  
MedfordState  
NYZip Code  
11763-4606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873879

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Forrester, Lesa, , ,**

Mailing Address 410 Lake Dr

City  
MedfordState  
NYZip Code  
11763-4606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880274

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Forrester, Lesa, , ,**

Mailing Address 410 Lake Dr

City  
MedfordState  
NYZip Code  
11763-4606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9880273

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Forrester, Lesa, , ,**

Mailing Address 410 Lake Dr

City  
Medford

State  
NY

Zip Code  
11763-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 05 / 2025

Transaction ID : 9873880

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Forrester, Lesa, , ,**

Mailing Address 410 Lake Dr

City  
Medford

State  
NY

Zip Code  
11763-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 08 / 2025

Transaction ID : 9880272

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortuna, Christian, , ,**

Mailing Address 2515 University Ave  
Apt 26

City  
Bronx

State  
NY

Zip Code  
10468-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9881245

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortuna, Christian, , ,**Mailing Address 2515 University Ave  
Apt 26City  
BronxState  
NYZip Code  
10468-4003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881246

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortuna, Christian, , ,**Mailing Address 2515 University Ave  
Apt 26City  
BronxState  
NYZip Code  
10468-4003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876271

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortuna, Christian, , ,**Mailing Address 2515 University Ave  
Apt 26City  
BronxState  
NYZip Code  
10468-4003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881243

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 946 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortuna, Christian, , ,**Mailing Address 2515 University Ave  
Apt 26City  
BronxState  
NYZip Code  
10468-4003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876272

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortuna, Christian, , ,**Mailing Address 2515 University Ave  
Apt 26City  
BronxState  
NYZip Code  
10468-4003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881244

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortuna, Jose, , ,**Mailing Address 3834 Bailey Ave  
Apt CCity  
BronxState  
NYZip Code  
10463-2580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Transporter - Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881508

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 947 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortuna, Jose, , ,**Mailing Address 3834 Bailey Ave  
Apt CCity  
BronxState  
NYZip Code  
10463-2580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Transporter - Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881509

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortuna, Jose, , ,**Mailing Address 3834 Bailey Ave  
Apt CCity  
BronxState  
NYZip Code  
10463-2580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Transporter - Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9881510

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortuna, Jose, , ,**Mailing Address 3834 Bailey Ave  
Apt CCity  
BronxState  
NYZip Code  
10463-2580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Transporter - Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881511

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 948 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortuna, Jose, , ,**Mailing Address 3834 Bailey Ave  
Apt CCity  
BronxState  
NYZip Code  
10463-2580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Transporter - Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874661

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortuna, Jose, , ,**Mailing Address 3834 Bailey Ave  
Apt CCity  
BronxState  
NYZip Code  
10463-2580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Transporter - Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881507

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortune, Marie, , ,**Mailing Address 2350 NE 173rd St  
Apt 110City  
North Miami BeachState  
FLZip Code  
33160-4836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880882

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortune, Marie, , ,**

Mailing Address 2350 NE 173rd St  
Apt 110

City  
North Miami Beach

State  
FL

Zip Code  
33160-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 11 / 2025

Transaction ID : 9880884

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortune, Marie, , ,**

Mailing Address 2350 NE 173rd St  
Apt 110

City  
North Miami Beach

State  
FL

Zip Code  
33160-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 11 / 2025

Transaction ID : 9880885

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortune, Marie, , ,**

Mailing Address 2350 NE 173rd St  
Apt 110

City  
North Miami Beach

State  
FL

Zip Code  
33160-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9880883

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortune, Marie, , ,**Mailing Address 2350 NE 173rd St  
Apt 110City  
North Miami BeachState  
FLZip Code  
33160-4836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880886

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortune, Marie, , ,**Mailing Address 2350 NE 173rd St  
Apt 110City  
North Miami BeachState  
FLZip Code  
33160-4836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9874025

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortune, Marie, , ,**Mailing Address 2350 NE 173rd St  
Apt 110City  
North Miami BeachState  
FLZip Code  
33160-4836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880881

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 951 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortune, Myriam, , ,**Mailing Address 937 E 56th St  
Apt 1CCity  
BrooklynState  
NYZip Code  
11234-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peninsula Center for Extended Care &amp; R

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9873838

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortune, Myriam, , ,**Mailing Address 937 E 56th St  
Apt 1CCity  
BrooklynState  
NYZip Code  
11234-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peninsula Center for Extended Care &amp; R

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9873839

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortune, Myriam, , ,**Mailing Address 937 E 56th St  
Apt 1CCity  
BrooklynState  
NYZip Code  
11234-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peninsula Center for Extended Care &amp; R

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9873840

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 952 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortune, Myriam, , ,**Mailing Address 937 E 56th St  
Apt 1CCity  
BrooklynState  
NYZip Code  
11234-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peninsula Center for Extended Care & ROccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873841

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortune, Myriam, , ,**Mailing Address 937 E 56th St  
Apt 1CCity  
BrooklynState  
NYZip Code  
11234-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peninsula Center for Extended Care & ROccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873842

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fortune, Myriam, , ,**Mailing Address 937 E 56th St  
Apt 1CCity  
BrooklynState  
NYZip Code  
11234-1700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peninsula Center for Extended Care & ROccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9873843

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foster, Anordia, , ,**

Mailing Address 737 7th St

City  
West BabylonState  
NYZip Code  
11704-4203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880125

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foster, Anordia, , ,**

Mailing Address 737 7th St

City  
West BabylonState  
NYZip Code  
11704-4203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880126

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Foster, Anordia, , ,**

Mailing Address 737 7th St

City  
West BabylonState  
NYZip Code  
11704-4203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874378

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 954 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foster, Anordia, , ,**

Mailing Address 737 7th St

City  
West Babylon

State  
NY

Zip Code  
11704-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9880123**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foster, Anordia, , ,**

Mailing Address 737 7th St

City  
West Babylon

State  
NY

Zip Code  
11704-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874379**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Foster, Anordia, , ,**

Mailing Address 737 7th St

City  
West Babylon

State  
NY

Zip Code  
11704-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9880124**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 955 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foster, Camois, , ,**

Mailing Address 3008 Grace Ave

City  
BronxState  
NYZip Code  
10469-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877985

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foster, Camois, , ,**

Mailing Address 3008 Grace Ave

City  
BronxState  
NYZip Code  
10469-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877986

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Foster, Camois, , ,**

Mailing Address 3008 Grace Ave

City  
BronxState  
NYZip Code  
10469-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877987

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 956 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foster, Camois, , ,**

Mailing Address 3008 Grace Ave

City  
BronxState  
NYZip Code  
10469-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877988

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foster, Camois, , ,**

Mailing Address 3008 Grace Ave

City  
BronxState  
NYZip Code  
10469-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Foster, Camois, , ,**

Mailing Address 3008 Grace Ave

City  
BronxState  
NYZip Code  
10469-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877984

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 957 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foster, Jermaine, , ,**

Mailing Address 210 -04 115 Ave

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Plumber-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879388

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foster, Jermaine, , ,**

Mailing Address 210 -04 115 Ave

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Plumber-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879389

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Foster, Jermaine, , ,**

Mailing Address 210 -04 115 Ave

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Plumber-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879390

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 958 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foster, Jermaine, , ,**

Mailing Address 210 -04 115 Ave

City

Cambria Heights

State

NY

Zip Code

11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Plumber-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2025        |

Transaction ID : 9879391

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foster, Jermaine, , ,**

Mailing Address 210 -04 115 Ave

City

Cambria Heights

State

NY

Zip Code

11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Plumber-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2025        |

Transaction ID : 9876083

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Foster, Jermaine, , ,**

Mailing Address 210 -04 115 Ave

City

Cambria Heights

State

NY

Zip Code

11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Plumber-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2025        |

Transaction ID : 9879387

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh Acres

State  
FL

Zip Code  
33971-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882365

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh Acres

State  
FL

Zip Code  
33971-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9882366

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh Acres

State  
FL

Zip Code  
33971-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9882364

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 960 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882367

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9882368

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2025

Transaction ID : 9882369

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875810

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9882363

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875812

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 962 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francillon, Matancile, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875811

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francis, Faybian, , ,**

Mailing Address 6412 Hilltop Ct

City  
Fort LeeState  
NJZip Code  
07024-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881621

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francis, Faybian, , ,**

Mailing Address 6412 Hilltop Ct

City  
Fort LeeState  
NJZip Code  
07024-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9881623

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francis, Faybian, , ,**

Mailing Address 6412 Hilltop Ct

City  
Fort LeeState  
NJZip Code  
07024-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9881624

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francis, Faybian, , ,**

Mailing Address 6412 Hilltop Ct

City  
Fort LeeState  
NJZip Code  
07024-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9881625

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francis, Faybian, , ,**

Mailing Address 6412 Hilltop Ct

City  
Fort LeeState  
NJZip Code  
07024-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875914

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 964 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francis, Faybian, , ,**

Mailing Address 6412 Hilltop Ct

City  
Fort LeeState  
NJZip Code  
07024-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADMN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9881620

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francois, Gardine, , ,**Mailing Address 335 E 19th St  
Apt 2CCity  
BrooklynState  
NYZip Code  
11226-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Care Manager I - HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9879016

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francois, Gardine, , ,**Mailing Address 335 E 19th St  
Apt 2CCity  
BrooklynState  
NYZip Code  
11226-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Care Manager I - HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9875239

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francois, Gardine, , ,**Mailing Address 335 E 19th St  
Apt 2CCity  
BrooklynState  
NYZip Code  
11226-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Care Manager I - HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9875241

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francois, Gardine, , ,**Mailing Address 335 E 19th St  
Apt 2CCity  
BrooklynState  
NYZip Code  
11226-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Care Manager I - HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9875240

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francois, Gardine, , ,**Mailing Address 335 E 19th St  
Apt 2CCity  
BrooklynState  
NYZip Code  
11226-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Care Manager I - HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9879015

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 966 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francois, Julienna, , ,**

Mailing Address 11816 Springfield Blvd  
Null

City  
Cambria Heights

State  
NY

Zip Code  
11411-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The Underserved

Occupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2025

Transaction ID : 9879400

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francois, Julienna, , ,**

Mailing Address 11816 Springfield Blvd  
Null

City  
Cambria Heights

State  
NY

Zip Code  
11411-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The Underserved

Occupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 11 / 2025

Transaction ID : 9879401

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francois, Julienna, , ,**

Mailing Address 11816 Springfield Blvd  
Null

City  
Cambria Heights

State  
NY

Zip Code  
11411-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The Underserved

Occupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
11 / 28 / 2025

Transaction ID : 9875099

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 967 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Francois, Julienna, , ,**Mailing Address 11816 Springfield Blvd  
NullCity  
Cambria HeightsState  
NYZip Code  
11411-1922FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9879399

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Francois, Mirlene, , ,**

Mailing Address 10 Post Ave

City  
New YorkState  
NYZip Code  
10034-5733FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876672

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Francois, Mirlene, , ,**

Mailing Address 10 Post Ave

City  
New YorkState  
NYZip Code  
10034-5733FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876671

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 968 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Franklin, Mary, , ,**Mailing Address 5485 26th St S  
Apt 34City  
St PetersburgState  
FLZip Code  
33712-4734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lexington Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9882344

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Franklin, Mary, , ,**Mailing Address 5485 26th St S  
Apt 34City  
St PetersburgState  
FLZip Code  
33712-4734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lexington Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882343

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Franklin, Mary, , ,**Mailing Address 5485 26th St S  
Apt 34City  
St PetersburgState  
FLZip Code  
33712-4734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lexington Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9874618

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 969 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Franklin, Mary, , ,**

Mailing Address 5485 26th St S  
Apt 34

City  
St Petersburg

State  
FL

Zip Code  
33712-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lexington Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

**Transaction ID : 9882342**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Franklin, Mary, , ,**

Mailing Address 5485 26th St S  
Apt 34

City  
St Petersburg

State  
FL

Zip Code  
33712-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lexington Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9882345**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Franklin, Tanisha, , ,**

Mailing Address 1146 E 224th St

City  
Bronx

State  
NY

Zip Code  
10466-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9877808**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 970 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Franklin, Tanisha, , ,**

Mailing Address 1146 E 224th St

City  
BronxState  
NYZip Code  
10466-5835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877809

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Franklin, Tanisha, , ,**

Mailing Address 1146 E 224th St

City  
BronxState  
NYZip Code  
10466-5835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877810

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Franklin, Tanisha, , ,**

Mailing Address 1146 E 224th St

City  
BronxState  
NYZip Code  
10466-5835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877811

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 971 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Franklin, Tanisha, , ,**

Mailing Address 1146 E 224th St

City  
BronxState  
NYZip Code  
10466-5835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025**Transaction ID : 9874870**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Franklin, Tanisha, , ,**

Mailing Address 1146 E 224th St

City  
BronxState  
NYZip Code  
10466-5835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025**Transaction ID : 9877807**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fraser, Lotya, , ,**Mailing Address 720 E 217th St  
Apt 2BCity  
BronxState  
NYZip Code  
10467-5871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025**Transaction ID : 9877862**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 972 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fraser, Lotya, , ,**Mailing Address 720 E 217th St  
Apt 2BCity  
BronxState  
NYZip Code  
10467-5871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877863

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fraser, Lotya, , ,**Mailing Address 720 E 217th St  
Apt 2BCity  
BronxState  
NYZip Code  
10467-5871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877864

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fraser, Lotya, , ,**Mailing Address 720 E 217th St  
Apt 2BCity  
BronxState  
NYZip Code  
10467-5871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877865

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fraser, Lotya, , ,

Mailing Address 720 E 217th St  
Apt 2BCity  
BronxState  
NYZip Code  
10467-5871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2025        |

Transaction ID : 9875007

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fraser, Lotya, , ,

Mailing Address 720 E 217th St  
Apt 2BCity  
BronxState  
NYZip Code  
10467-5871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2025        |

Transaction ID : 9877861

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frazer, Heather, , ,

Mailing Address 953 Linkwood Dr

City  
North BaldwinState  
NYZip Code  
11510-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNYOccupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 18    | / | 2025        |

Transaction ID : 9879764

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 974 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North BaldwinState  
NYZip Code  
11510-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNYOccupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879765

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North BaldwinState  
NYZip Code  
11510-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNYOccupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9879766

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North BaldwinState  
NYZip Code  
11510-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNYOccupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9875026

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North Baldwin

State  
NY

Zip Code  
11510-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNY

Occupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

10 / 14 / 2025

**Transaction ID : 9879780**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North Baldwin

State  
NY

Zip Code  
11510-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNY

Occupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9879767**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North Baldwin

State  
NY

Zip Code  
11510-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNY

Occupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9879768**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 976 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North Baldwin

State  
NY

Zip Code  
11510-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNY

Occupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9875027**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North Baldwin

State  
NY

Zip Code  
11510-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNY

Occupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9879781**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North Baldwin

State  
NY

Zip Code  
11510-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNY

Occupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9875028**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 977 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North BaldwinState  
NYZip Code  
11510-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNYOccupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879782

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frazer, Heather, , ,**

Mailing Address 953 Linkwood Dr

City  
North BaldwinState  
NYZip Code  
11510-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Worker Participation Fund GNYOccupation (for Individual)  
TEF - Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9879769

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frederique, Nela, , ,**Mailing Address 5540 Lyons Road Coconut Crk  
Apt 201City  
Coconut CreekState  
FLZip Code  
33073FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882107

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 978 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frederique, Nela, , ,**

Mailing Address 5540 Lyons Road Coconut Crk  
Apt 201

City  
Coconut Creek

State  
FL

Zip Code  
33073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9875281

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frederique, Nela, , ,**

Mailing Address 5540 Lyons Road Coconut Crk  
Apt 201

City  
Coconut Creek

State  
FL

Zip Code  
33073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9882105

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frederique, Nela, , ,**

Mailing Address 5540 Lyons Road Coconut Crk  
Apt 201

City  
Coconut Creek

State  
FL

Zip Code  
33073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9882106

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 979 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880423

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880424

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880422

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Freeland, David, , ,**

Mailing Address PO Box 118

City  
Connelly

State  
NY

Zip Code  
12417-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880425

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freeland, David, , ,**

Mailing Address PO Box 118

City  
Connelly

State  
NY

Zip Code  
12417-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880427

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Freeland, David, , ,**

Mailing Address PO Box 118

City  
Connelly

State  
NY

Zip Code  
12417-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880429

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 981 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9880428

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880430

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873844

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Freeland, David, , ,**

Mailing Address PO Box 118

City  
Connelly

State  
NY

Zip Code  
12417-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

11 / 14 / 2025

**Transaction ID : 9873846**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freeland, David, , ,**

Mailing Address PO Box 118

City  
Connelly

State  
NY

Zip Code  
12417-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9873845**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Freeland, David, , ,**

Mailing Address PO Box 118

City  
Connelly

State  
NY

Zip Code  
12417-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.24

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9873847**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 983 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Freeland, David, , ,**

Mailing Address PO Box 118

City  
ConnellyState  
NYZip Code  
12417-0118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873848

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fresnel, Beatrice, , ,**

Mailing Address 2272 Redmond Rd

City  
MerrickState  
NYZip Code  
11566-1818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879881

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fresnel, Beatrice, , ,**

Mailing Address 2272 Redmond Rd

City  
MerrickState  
NYZip Code  
11566-1818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879882

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 984 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fresnel, Beatrice, , ,**

Mailing Address 2272 Redmond Rd

City  
MerrickState  
NYZip Code  
11566-1818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873950

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fresnel, Beatrice, , ,**

Mailing Address 2272 Redmond Rd

City  
MerrickState  
NYZip Code  
11566-1818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879880

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Friday, Nitteya, , ,**

Mailing Address 117 -20 200 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
Customer service liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879453

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 985 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Friday, Nitteya, , ,**

Mailing Address 117 -20 200 St

City  
Saint Albans

State  
NY

Zip Code  
11412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory Services

Occupation (for Individual)  
Customer service liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9879454**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Friday, Nitteya, , ,**

Mailing Address 117 -20 200 St

City  
Saint Albans

State  
NY

Zip Code  
11412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory Services

Occupation (for Individual)  
Customer service liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9879455**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Friday, Nitteya, , ,**

Mailing Address 117 -20 200 St

City  
Saint Albans

State  
NY

Zip Code  
11412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory Services

Occupation (for Individual)  
Customer service liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9879456**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 986 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Friday, Nitteya, , ,**

Mailing Address 117 -20 200 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
Customer service liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874036

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Friday, Nitteya, , ,**

Mailing Address 117 -20 200 St

City  
Saint AlbansState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
Customer service liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879452

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frimpong, Elizabeth, , ,**

Mailing Address 1310 Caffrey Ave

City  
Far RockawayState  
NYZip Code  
11691-5113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9874041

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 987 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frimpong, Elizabeth, , ,**

Mailing Address 1310 Caffrey Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9874042

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frimpong, Elizabeth, , ,**

Mailing Address 1310 Caffrey Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9880055

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frimpong, Elizabeth, , ,**

Mailing Address 1310 Caffrey Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 04 / 2025

Transaction ID : 9874043

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                  |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Fritz, Yakima, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 07 / 2025<br><b>Transaction ID : 9881090</b> |  |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                     |  |
| City<br>Margate                                                                                                                 | State<br>FL | Zip Code<br>33063-8189                           | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  |                                                                                                 |  |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Fritz, Yakima, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 18 / 2025<br><b>Transaction ID : 9881091</b> |  |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                     |  |
| City<br>Margate                                                                                                                 | State<br>FL | Zip Code<br>33063-8189                           | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  |                                                                                                 |  |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Fritz, Yakima, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 26 / 2025<br><b>Transaction ID : 9874630</b> |  |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                     |  |
| City<br>Margate                                                                                                                 | State<br>FL | Zip Code<br>33063-8189                           | <input type="checkbox"/> Memo Item                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  |                                                                                                 |  |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech |                                                                                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                 |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                  | 30.00                                                                                           |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                  |                                                                                                 |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 989 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                  |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Fritz, Yakima, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 26 / 2025<br><b>Transaction ID : 9881087</b> |  |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             |                                                  |                                                                                                 |  |
| City<br>Margate                                                                                                                 | State<br>FL | Zip Code<br>33063-8189                           |                                                                                                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech | <input type="checkbox"/> Memo Item                                                              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Fritz, Yakima, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9874632</b> |  |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             |                                                  |                                                                                                 |  |
| City<br>Margate                                                                                                                 | State<br>FL | Zip Code<br>33063-8189                           |                                                                                                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech | <input type="checkbox"/> Memo Item                                                              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                 |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Fritz, Yakima, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9881089</b> |  |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             |                                                  |                                                                                                 |  |
| City<br>Margate                                                                                                                 | State<br>FL | Zip Code<br>33063-8189                           |                                                                                                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech | <input type="checkbox"/> Memo Item                                                              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                 |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                  | 30.00                                                                                           |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                  |                                                                                                 |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 990 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Fritz, Yakima, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 21 / 2025<br><b>Transaction ID : 9874631</b> |                                                         |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item                   |                                                         |
| City<br>Margate                                                                                                                 | State<br>FL |                                                                                                     | Zip Code<br>33063-8189                                  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                                         |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             |                                                                                                     | Occupation (for Individual)<br>Patient Care Tech        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |                                                         |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Fritz, Yakima, , ,</b>                 |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 21 / 2025<br><b>Transaction ID : 9881088</b> |                                                         |
| Mailing Address 2851 N Rock Island Rd<br>Apt 207                                                                                |             | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item                   |                                                         |
| City<br>Margate                                                                                                                 | State<br>FL |                                                                                                     | Zip Code<br>33063-8189                                  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                                         |
| Name of Employer (for Individual)<br>HCA Florida Northwest Hospital                                                             |             |                                                                                                     | Occupation (for Individual)<br>Patient Care Tech        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |                                                         |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Fruit, Jerry, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 15 / 2025<br><b>Transaction ID : 9877181</b> |                                                         |
| Mailing Address 234 W 114th St<br>Apt 420                                                                                       |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |                                                         |
| City<br>New York                                                                                                                | State<br>NY |                                                                                                     | Zip Code<br>10026-3592                                  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                                         |
| Name of Employer (for Individual)<br>New York Presbyterian Hospital                                                             |             |                                                                                                     | Occupation (for Individual)<br>Waste Disposal Attendant |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |                                                         |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 40.00                                                                                               |                                                         |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                                         |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 991 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fruit, Jerry, , ,**Mailing Address 234 W 114th St  
Apt 420City  
New YorkState  
NYZip Code  
10026-3592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waste Disposal Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877182

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fruit, Jerry, , ,**Mailing Address 234 W 114th St  
Apt 420City  
New YorkState  
NYZip Code  
10026-3592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waste Disposal Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877183

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fruit, Jerry, , ,**Mailing Address 234 W 114th St  
Apt 420City  
New YorkState  
NYZip Code  
10026-3592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waste Disposal Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877184

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fruit, Jerry, , ,**Mailing Address 234 W 114th St  
Apt 420City  
New YorkState  
NYZip Code  
10026-3592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waste Disposal Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874727

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fruit, Jerry, , ,**Mailing Address 234 W 114th St  
Apt 420City  
New YorkState  
NYZip Code  
10026-3592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Waste Disposal Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877180

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882304

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

50.00

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882305

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874615

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882301

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 994 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874616

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882302

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874617

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 995 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fuentes, Vanessa, , ,**Mailing Address 5257 Fountains Dr S  
Apt 304City  
Lake WorthState  
FLZip Code  
33467-5731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
PBX OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882303

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City  
Port Saint LucieState  
FLZip Code  
34983-3514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Line Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882433

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City  
Port Saint LucieState  
FLZip Code  
34983-3514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Line Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882434

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Line Cook

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874784

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Line Cook

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882430

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Line Cook

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874785

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Line Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9882431**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Line Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9874786**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuss, Tammy, , ,**

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Line Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9882432**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 998 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gamez, Mayra, , ,**

Mailing Address 2757 W 71st Pl

City  
Hialeah GardensState  
FLZip Code  
33016-5416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882052

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gamez, Mayra, , ,**

Mailing Address 2757 W 71st Pl

City  
Hialeah GardensState  
FLZip Code  
33016-5416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875197

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gamez, Mayra, , ,**

Mailing Address 2757 W 71st Pl

City  
Hialeah GardensState  
FLZip Code  
33016-5416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882050

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gamez, Mayra, , ,**

Mailing Address 2757 W 71st Pl

City  
Hialeah GardensState  
FLZip Code  
33016-5416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882051

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877338

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877339

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1000 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877340

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877341

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9877342

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1001 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874983

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874984

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874986

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1002 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874985

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gaona-Tenesaca, Anita, , ,**

Mailing Address 54 Webster Ave

City  
Staten IslandState  
NYZip Code  
10301-2838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874987

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garafola, Anthony, , ,**

Mailing Address 9 W White St

City  
BrentwoodState  
NYZip Code  
11717-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880162

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1003 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garafola, Anthony, , ,**

Mailing Address 9 W White St

City  
BrentwoodState  
NYZip Code  
11717-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880163

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garafola, Anthony, , ,**

Mailing Address 9 W White St

City  
BrentwoodState  
NYZip Code  
11717-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874135

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garafola, Anthony, , ,**

Mailing Address 9 W White St

City  
BrentwoodState  
NYZip Code  
11717-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880160

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1004 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garafola, Anthony, , ,**

Mailing Address 9 W White St

City  
BrentwoodState  
NYZip Code  
11717-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874136

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garafola, Anthony, , ,**

Mailing Address 9 W White St

City  
BrentwoodState  
NYZip Code  
11717-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880161

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garces, Frances Anne, , ,**Mailing Address 6907 43rd Ave  
Apt 3ECity  
WoodsideState  
NYZip Code  
11377-3996FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)Occupation (for Individual)  
Registered Nurse, Mount Sinai Queen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9874209

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1005 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garces, Frances Anne, , ,**Mailing Address 6907 43rd Ave  
Apt 3ECity  
WoodsideState  
NYZip Code  
11377-3996FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital of Queens (RN)Occupation (for Individual)  
Registered Nurse, Mount Sinai Queen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9874210

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia Sims, G'Nay, , ,**Mailing Address 1598 Unionport Rd  
Apt 3ECity  
BronxState  
NYZip Code  
10462-6061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN PSYCHIATRIC II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876247

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia Sims, G'Nay, , ,**Mailing Address 1598 Unionport Rd  
Apt 3ECity  
BronxState  
NYZip Code  
10462-6061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN PSYCHIATRIC II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876248

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1006 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia Sims, G'Nay, , ,**Mailing Address 1598 Unionport Rd  
Apt 3ECity  
BronxState  
NYZip Code  
10462-6061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN PSYCHIATRIC II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876249

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia Sims, G'Nay, , ,**Mailing Address 1598 Unionport Rd  
Apt 3ECity  
BronxState  
NYZip Code  
10462-6061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN PSYCHIATRIC II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876250

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia Sims, G'Nay, , ,**Mailing Address 1598 Unionport Rd  
Apt 3ECity  
BronxState  
NYZip Code  
10462-6061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN PSYCHIATRIC II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876251

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia Sims, G'Nay, , ,**Mailing Address 1598 Unionport Rd  
Apt 3ECity  
BronxState  
NYZip Code  
10462-6061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN PSYCHIATRIC II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876252

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Anthony, , ,**

Mailing Address 76 Princess Ave

City  
Bay ShoreState  
NYZip Code  
11706-1618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876841

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Anthony, , ,**

Mailing Address 76 Princess Ave

City  
Bay ShoreState  
NYZip Code  
11706-1618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876842

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1008 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Anthony, , ,**

Mailing Address 76 Princess Ave

City  
Bay Shore

State  
NY

Zip Code  
11706-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 22 / 2025

**Transaction ID : 9876843**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Anthony, , ,**

Mailing Address 76 Princess Ave

City  
Bay Shore

State  
NY

Zip Code  
11706-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9876844**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Anthony, , ,**

Mailing Address 76 Princess Ave

City  
Bay Shore

State  
NY

Zip Code  
11706-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9876845**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1009 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Anthony, , ,**

Mailing Address 76 Princess Ave

City  
Bay ShoreState  
NYZip Code  
11706-1618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876846

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Carlos, , ,**

Mailing Address 114 Somerset Dr

City  
SuffernState  
NYZip Code  
10901-6904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878431

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Carlos, , ,**

Mailing Address 114 Somerset Dr

City  
SuffernState  
NYZip Code  
10901-6904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9878432

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1010 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Carlos, , ,**

Mailing Address 114 Somerset Dr

City  
SuffernState  
NYZip Code  
10901-6904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878433

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Carlos, , ,**

Mailing Address 114 Somerset Dr

City  
SuffernState  
NYZip Code  
10901-6904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875764

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Carlos, , ,**

Mailing Address 114 Somerset Dr

City  
SuffernState  
NYZip Code  
10901-6904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9878430

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1011 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Carmen, , ,**Mailing Address 163 E 106th St  
Apt 1BCity  
New YorkState  
NYZip Code  
10029-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Carmen, , ,**Mailing Address 163 E 106th St  
Apt 1BCity  
New YorkState  
NYZip Code  
10029-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882473

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Carmen, , ,**Mailing Address 163 E 106th St  
Apt 1BCity  
New YorkState  
NYZip Code  
10029-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882474

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1012 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Carmen, , ,**Mailing Address 163 E 106th St  
Apt 1BCity  
New YorkState  
NYZip Code  
10029-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882475

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Carmen, , ,**Mailing Address 163 E 106th St  
Apt 1BCity  
New YorkState  
NYZip Code  
10029-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875397

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Carmen, , ,**Mailing Address 163 E 106th St  
Apt 1BCity  
New YorkState  
NYZip Code  
10029-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875398

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1013 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Debroah, , ,**

Mailing Address 693 Rogers Ave

City  
BrooklynState  
NYZip Code  
11226-8102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879013

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Debroah, , ,**

Mailing Address 693 Rogers Ave

City  
BrooklynState  
NYZip Code  
11226-8102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879014

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Debroah, , ,**

Mailing Address 693 Rogers Ave

City  
BrooklynState  
NYZip Code  
11226-8102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873463

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1014 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Debroah, , ,**

Mailing Address 693 Rogers Ave

City  
BrooklynState  
NYZip Code  
11226-8102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879012

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Ivette, , ,**Mailing Address 1062 Quincy Ave  
Apt 15City  
BronxState  
NYZip Code  
10465-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876145

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Ivette, , ,**Mailing Address 1062 Quincy Ave  
Apt 15City  
BronxState  
NYZip Code  
10465-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876146

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Ivette, , ,**Mailing Address 1062 Quincy Ave  
Apt 15City  
BronxState  
NYZip Code  
10465-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876147

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Ivette, , ,**Mailing Address 1062 Quincy Ave  
Apt 15City  
BronxState  
NYZip Code  
10465-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876148

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882235

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1016 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882236

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875210

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882232

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1017 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875212

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882234

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875211

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1018 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Joaquin, , ,**

Mailing Address 2902 SW 118th Ct

City  
MiamiState  
FLZip Code  
33175-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Radiology Technologist PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882233

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Kimberley, , ,**Mailing Address 164 W 144th St  
Apt 4ACity  
New YorkState  
NYZip Code  
10030-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
EMERGENCY ROOM TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881392

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Kimberley, , ,**Mailing Address 164 W 144th St  
Apt 4ACity  
New YorkState  
NYZip Code  
10030-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
EMERGENCY ROOM TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881393

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1019 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Kimberley, , ,**Mailing Address 164 W 144th St  
Apt 4ACity  
New YorkState  
NYZip Code  
10030-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
EMERGENCY ROOM TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9881394

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Kimberley, , ,**Mailing Address 164 W 144th St  
Apt 4ACity  
New YorkState  
NYZip Code  
10030-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
EMERGENCY ROOM TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881395

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Kimberley, , ,**Mailing Address 164 W 144th St  
Apt 4ACity  
New YorkState  
NYZip Code  
10030-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
EMERGENCY ROOM TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874656

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1020 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Kimberley, , ,**Mailing Address 164 W 144th St  
Apt 4ACity  
New YorkState  
NYZip Code  
10030-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
EMERGENCY ROOM TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874657

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Roberto, , ,**Mailing Address 1125 Vincent Ave  
Apt 1City  
BronxState  
NYZip Code  
10465-1454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Roberto, , ,**Mailing Address 1125 Vincent Ave  
Apt 1City  
BronxState  
NYZip Code  
10465-1454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9877784

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1021 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Roberto, , ,**Mailing Address 1125 Vincent Ave  
Apt 1City  
BronxState  
NYZip Code  
10465-1454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9877785

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Roberto, , ,**Mailing Address 1125 Vincent Ave  
Apt 1City  
BronxState  
NYZip Code  
10465-1454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875763

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Roberto, , ,**Mailing Address 1125 Vincent Ave  
Apt 1City  
BronxState  
NYZip Code  
10465-1454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9877782

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia-Garcia, Katheline, , ,**

Mailing Address 480 E 188th St

City  
BronxState  
NYZip Code  
10458-5815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877651

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia-Garcia, Katheline, , ,**

Mailing Address 480 E 188th St

City  
BronxState  
NYZip Code  
10458-5815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877652

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia-Garcia, Katheline, , ,**

Mailing Address 480 E 188th St

City  
BronxState  
NYZip Code  
10458-5815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9877653

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1023 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia-Garcia, Katheline, , ,**

Mailing Address 480 E 188th St

City  
Bronx

State  
NY

Zip Code  
10458-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2025

Transaction ID : 9874193

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia-Garcia, Katheline, , ,**

Mailing Address 480 E 188th St

City  
Bronx

State  
NY

Zip Code  
10458-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 17 / 2025

Transaction ID : 9874194

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garrison, Darryl, , ,**

Mailing Address 17 Hudson View Dr  
Ph

City  
Yonkers

State  
NY

Zip Code  
10701-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Chief of Eligibility Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 30 / 2025

Transaction ID : 9881554

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1024 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garrison, Darryl, , ,**Mailing Address 17 Hudson View Dr  
PhCity  
YonkersState  
NYZip Code  
10701-1910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Chief of Eligibility Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9881556

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garrison, Darryl, , ,**Mailing Address 17 Hudson View Dr  
PhCity  
YonkersState  
NYZip Code  
10701-1910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Chief of Eligibility Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9881555

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garrison, Darryl, , ,**Mailing Address 17 Hudson View Dr  
PhCity  
YonkersState  
NYZip Code  
10701-1910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Chief of Eligibility Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875521

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1025 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garrison, Darryl, , ,**Mailing Address 17 Hudson View Dr  
PhCity  
YonkersState  
NYZip Code  
10701-1910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Chief of Eligibility Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881553

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gay, Naw Paw, , ,**

Mailing Address 2351 35th St

City  
AstoriaState  
NYZip Code  
11105-2208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878666

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gay, Naw Paw, , ,**

Mailing Address 2351 35th St

City  
AstoriaState  
NYZip Code  
11105-2208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874335

Amount of Each Receipt this Period

19.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

58.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1026 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gay, Naw Paw, , ,**

Mailing Address 2351 35th St

City  
Astoria

State  
NY

Zip Code  
11105-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9878664

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gay, Naw Paw, , ,**

Mailing Address 2351 35th St

City  
Astoria

State  
NY

Zip Code  
11105-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9874336

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gay, Naw Paw, , ,**

Mailing Address 2351 35th St

City  
Astoria

State  
NY

Zip Code  
11105-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9878665

Amount of Each Receipt this Period

19.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1027 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gentle, Nasaija, , ,**Mailing Address 1615 Union St  
Apt 3ECity  
BrooklynState  
NYZip Code  
11213-4565FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn Center for Rehab HealthcareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874062

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gentle, Nasaija, , ,**Mailing Address 1615 Union St  
Apt 3ECity  
BrooklynState  
NYZip Code  
11213-4565FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn Center for Rehab HealthcareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878897

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. George, Denise, , ,**

Mailing Address 1760 Union St

City  
BrooklynState  
NYZip Code  
11213-5059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878918

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1028 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. George, Denise, , ,**

Mailing Address 1760 Union St

City  
BrooklynState  
NYZip Code  
11213-5059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9874916

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. George, Denise, , ,**

Mailing Address 1760 Union St

City  
BrooklynState  
NYZip Code  
11213-5059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874917

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. George, Denise, , ,**

Mailing Address 1760 Union St

City  
BrooklynState  
NYZip Code  
11213-5059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874918

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1029 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. George, Shiney, , ,**Mailing Address 16 Astor Pl  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-1338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878382

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. George, Shiney, , ,**Mailing Address 16 Astor Pl  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-1338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878378

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. George, Shiney, , ,**Mailing Address 16 Astor Pl  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-1338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878379

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1030 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. George, Shiney, , ,**Mailing Address 16 Astor Pl  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-1338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9878381

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. George, Shiney, , ,**Mailing Address 16 Astor Pl  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-1338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9873769

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. George, Shiney, , ,**Mailing Address 16 Astor Pl  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-1338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873770

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1031 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Geraldo Guerrero, Joisan, , ,**

Mailing Address 631 Jefferson Pl

City  
BronxState  
NYZip Code  
10456-2589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Health Priorities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9877598

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Geraldo Guerrero, Joisan, , ,**

Mailing Address 631 Jefferson Pl

City  
BronxState  
NYZip Code  
10456-2589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Health Priorities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9877599

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Geraldo Guerrero, Joisan, , ,**

Mailing Address 631 Jefferson Pl

City  
BronxState  
NYZip Code  
10456-2589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Health Priorities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873461

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1032 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Geraldo Guerrero, Joisan, , ,**

Mailing Address 631 Jefferson Pl

City  
BronxState  
NYZip Code  
10456-2589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Health Priorities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025**Transaction ID : 9877596**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Geraldo Guerrero, Joisan, , ,**

Mailing Address 631 Jefferson Pl

City  
BronxState  
NYZip Code  
10456-2589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Health Priorities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025**Transaction ID : 9873462**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Geraldo Guerrero, Joisan, , ,**

Mailing Address 631 Jefferson Pl

City  
BronxState  
NYZip Code  
10456-2589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Health Priorities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025**Transaction ID : 9877597**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1033 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874808

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874809

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874810

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1034 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2025        |

**Transaction ID : 9874811**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

**Transaction ID : 9874812**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

**Transaction ID : 9874814**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1035 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Germain, Carline, , ,**

Mailing Address PO Box 590902

City  
TamaracState  
FLZip Code  
33359-0902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Operating Room Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874813

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gesse-Chounoune, Fernande, , ,**Mailing Address 770 Washington St  
NullCity  
BaldwinState  
NYZip Code  
11510-4547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873895

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gesse-Chounoune, Fernande, , ,**Mailing Address 770 Washington St  
NullCity  
BaldwinState  
NYZip Code  
11510-4547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873892

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1036 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gesse-Chounoune, Fernande, , ,**

Mailing Address 770 Washington St

Null

City

Baldwin

State

NY

Zip Code

11510-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873893

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gesse-Chounoune, Fernande, , ,**

Mailing Address 770 Washington St

Null

City

Baldwin

State

NY

Zip Code

11510-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9873891

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gesse-Chounoune, Fernande, , ,**

Mailing Address 770 Washington St

Null

City

Baldwin

State

NY

Zip Code

11510-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873894

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1037 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gesse-Chounoune, Fernande, , ,**

Mailing Address 770 Washington St

Null

City

Baldwin

State

NY

Zip Code

11510-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879773

Amount of Each Receipt this Period

30.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ghobrial, Mina, , ,**

Mailing Address 61 -27 69 PI

City

Middle Village

State

NY

Zip Code

11379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PAGNY - Correctional Health

Occupation (for Individual)

Pharmacist

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9874367

Amount of Each Receipt this Period

125.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ghobrial, Mina, , ,**

Mailing Address 61 -27 69 PI

City

Middle Village

State

NY

Zip Code

11379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PAGNY - Correctional Health

Occupation (for Individual)

Pharmacist

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874368

Amount of Each Receipt this Period

125.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

280.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1038 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ghobrial, Mina, , ,**

Mailing Address 61 -27 69 PI

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional HealthOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9874369

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ghobrial, Mina, , ,**

Mailing Address 61 -27 69 PI

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional HealthOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874370

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ghobrial, Mina, , ,**

Mailing Address 61 -27 69 PI

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional HealthOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874371

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giannola, Nicolas, , ,**

Mailing Address 12 Whitehall Dr

City  
HuntingtonState  
NYZip Code  
11743-3916FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880233

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giannola, Nicolas, , ,**

Mailing Address 12 Whitehall Dr

City  
HuntingtonState  
NYZip Code  
11743-3916FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880234

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giannola, Nicolas, , ,**

Mailing Address 12 Whitehall Dr

City  
HuntingtonState  
NYZip Code  
11743-3916FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880235

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1040 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giannola, Nicolas, , ,**

Mailing Address 12 Whitehall Dr

City  
HuntingtonState  
NYZip Code  
11743-3916FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875100

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giannola, Nicolas, , ,**

Mailing Address 12 Whitehall Dr

City  
HuntingtonState  
NYZip Code  
11743-3916FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875101

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giannola, Nicolas, , ,**

Mailing Address 12 Whitehall Dr

City  
HuntingtonState  
NYZip Code  
11743-3916FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875102

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1041 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Dottin, Edney, , ,**

Mailing Address 171 Lexington Ave

City

Franklin Square

State

NY

Zip Code

11010-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

Environmental Svcs Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9878606

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Dottin, Edney, , ,**

Mailing Address 171 Lexington Ave

City

Franklin Square

State

NY

Zip Code

11010-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

Environmental Svcs Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878607

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Dottin, Edney, , ,**

Mailing Address 171 Lexington Ave

City

Franklin Square

State

NY

Zip Code

11010-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

Environmental Svcs Worker

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9878608

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1042 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Dottin, Edney, , ,**

Mailing Address 171 Lexington Ave

City

Franklin Square

State

NY

Zip Code

11010-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

Environmental Svcs Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878609

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Dottin, Edney, , ,**

Mailing Address 171 Lexington Ave

City

Franklin Square

State

NY

Zip Code

11010-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

Environmental Svcs Worker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874707

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Dottin, Edney, , ,**

Mailing Address 171 Lexington Ave

City

Franklin Square

State

NY

Zip Code

11010-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

Environmental Svcs Worker

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874708

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1043 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879989

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9880047

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873476

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

25.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1044 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880049

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9880048

Amount of Each Receipt this Period

5.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9873475

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1045 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City  
Far Rockaway

State  
NY

Zip Code  
11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Nursing and Rehab Center of Fa

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2025

Transaction ID : 9873748

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City  
Far Rockaway

State  
NY

Zip Code  
11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Nursing and Rehab Center of Fa

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2025

Transaction ID : 9873749

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City  
Far Rockaway

State  
NY

Zip Code  
11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Nursing and Rehab Center of Fa

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2025

Transaction ID : 9879990

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1046 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9873477

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873750

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9879991

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

25.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1047 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9879992

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873478

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City

Far Rockaway

State

NY

Zip Code

11691-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Premier Nursing and Rehab Center of Fa

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9879993

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1048 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson-Smikle, Charmain, , ,**

Mailing Address 1336 Davies Rd

City  
Far RockawayState  
NYZip Code  
11691-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Nursing and Rehab Center of FaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9873751

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giglio, Isabella, , ,**

Mailing Address 58 Pine Acres Blvd

City  
Deer ParkState  
NYZip Code  
11729-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Activities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874777

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giglio, Isabella, , ,**

Mailing Address 58 Pine Acres Blvd

City  
Deer ParkState  
NYZip Code  
11729-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Activities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874778

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1049 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giglio, Isabella, , ,**

Mailing Address 58 Pine Acres Blvd

City  
Deer ParkState  
NYZip Code  
11729-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Activities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874779

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giglio, Isabella, , ,**

Mailing Address 58 Pine Acres Blvd

City  
Deer ParkState  
NYZip Code  
11729-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Activities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874780

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giglio, Isabella, , ,**

Mailing Address 58 Pine Acres Blvd

City  
Deer ParkState  
NYZip Code  
11729-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Activities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874781

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1050 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giglio, Isabella, , ,**

Mailing Address 58 Pine Acres Blvd

City  
Deer Park

State  
NY

Zip Code  
11729-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRA

Occupation (for Individual)  
Activities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874782**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9882024**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9882025**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1051 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874433

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9882021

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9874434

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1052 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9882022

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9874435

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilbert, Sharon, , ,**

Mailing Address 2121 Black Mangrove Dr

City  
Orlando

State  
FL

Zip Code  
32828-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9882023

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1053 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint Cloud

State  
FL

Zip Code  
34769-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. Cloud

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9876063

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint Cloud

State  
FL

Zip Code  
34769-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. Cloud

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

07 / 17 / 2025

Transaction ID : 9876064

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint Cloud

State  
FL

Zip Code  
34769-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. Cloud

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

07 / 23 / 2025

Transaction ID : 9876062

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1054 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint CloudState  
FLZip Code  
34769-1638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. CloudOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 11 2025

Transaction ID : 9876065

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint CloudState  
FLZip Code  
34769-1638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. CloudOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 16 2025

Transaction ID : 9876066

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint CloudState  
FLZip Code  
34769-1638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. CloudOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : 9876067

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1055 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint Cloud

State  
FL

Zip Code  
34769-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. Cloud

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2025

**Transaction ID : 9876068**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint Cloud

State  
FL

Zip Code  
34769-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. Cloud

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : 9876069**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint Cloud

State  
FL

Zip Code  
34769-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. Cloud

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9876061**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1056 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilliland, Ana, , ,**

Mailing Address 1807 Pinar Ct

City  
Saint CloudState  
FLZip Code  
34769-1638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at St. CloudOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9876070

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gino, Mini, , ,**Mailing Address 4344 Kissena Blvd  
Apt 14FCity  
FlushingState  
NYZip Code  
11355-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880916

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gino, Mini, , ,**Mailing Address 4344 Kissena Blvd  
Apt 14FCity  
FlushingState  
NYZip Code  
11355-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880917

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1057 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gino, Mini, , ,**Mailing Address 4344 Kissena Blvd  
Apt 14FCity  
FlushingState  
NYZip Code  
11355-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880918

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gino, Mini, , ,**Mailing Address 4344 Kissena Blvd  
Apt 14FCity  
FlushingState  
NYZip Code  
11355-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875050

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gino, Mini, , ,**Mailing Address 4344 Kissena Blvd  
Apt 14FCity  
FlushingState  
NYZip Code  
11355-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875051

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1058 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gino, Mini, , ,**Mailing Address 4344 Kissena Blvd  
Apt 14FCity  
FlushingState  
NYZip Code  
11355-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875052

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giwa, Muslimot, , ,**

Mailing Address 125 Mills Ave

City

Staten Island

State

NY

Zip Code

10305-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giwa, Muslimot, , ,**

Mailing Address 125 Mills Ave

City

Staten Island

State

NY

Zip Code

10305-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877427

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1059 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giwa, Muslimot, , ,**

Mailing Address 125 Mills Ave

City  
Staten IslandState  
NYZip Code  
10305-4523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 17 2025

Transaction ID : 9873559

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giwa, Muslimot, , ,**

Mailing Address 125 Mills Ave

City  
Staten IslandState  
NYZip Code  
10305-4523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 17 2025

Transaction ID : 9877424

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giwa, Muslimot, , ,**

Mailing Address 125 Mills Ave

City  
Staten IslandState  
NYZip Code  
10305-4523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 15 2025

Transaction ID : 9873560

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1060 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giwa, Muslimot, , ,**

Mailing Address 125 Mills Ave

City  
Staten IslandState  
NYZip Code  
10305-4523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877425

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9875331

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9879214

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

38.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1061 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875332

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879215

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875333

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1062 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
Brooklyn

State  
NY

Zip Code  
11236-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9879216**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
Brooklyn

State  
NY

Zip Code  
11236-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9875334**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
Brooklyn

State  
NY

Zip Code  
11236-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9879217**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875335

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glover, Deyna, , ,**

Mailing Address 9225 Farragut Rd

City  
BrooklynState  
NYZip Code  
11236-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Patient Access Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9879218

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gobin, Desmond, , ,**

Mailing Address 1331 New York Ave

City  
BrooklynState  
NYZip Code  
11203-6105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882527

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

38.46

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1064 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gobin, Desmond, , ,**

Mailing Address 1331 New York Ave

City  
BrooklynState  
NYZip Code  
11203-6105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882528

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gobin, Desmond, , ,**

Mailing Address 1331 New York Ave

City  
BrooklynState  
NYZip Code  
11203-6105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882529

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gobin, Desmond, , ,**

Mailing Address 1331 New York Ave

City  
BrooklynState  
NYZip Code  
11203-6105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882530

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1065 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gobin, Desmond, , ,**

Mailing Address 1331 New York Ave

City  
BrooklynState  
NYZip Code  
11203-6105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875377

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gobin, Desmond, , ,**

Mailing Address 1331 New York Ave

City  
BrooklynState  
NYZip Code  
11203-6105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875378

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gocan, Beverly, , ,**

Mailing Address 3957 Perry Pass

City  
LithoniaState  
GAZip Code  
30038-7730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882781

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gocan, Beverly, , ,**

Mailing Address 3957 Perry Pass

City  
LithoniaState  
GAZip Code  
30038-7730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882782

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gocan, Beverly, , ,**

Mailing Address 3957 Perry Pass

City  
LithoniaState  
GAZip Code  
30038-7730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gocan, Beverly, , ,**

Mailing Address 3957 Perry Pass

City  
LithoniaState  
GAZip Code  
30038-7730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882784

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1067 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gocan, Beverly, , ,**

Mailing Address 3957 Perry Pass

City  
LithoniaState  
GAZip Code  
30038-7730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875441

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gocan, Beverly, , ,**

Mailing Address 3957 Perry Pass

City  
LithoniaState  
GAZip Code  
30038-7730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875442

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Golden, Elaine, , ,**

Mailing Address 9909 195th St

City  
HollisState  
NYZip Code  
11423-3221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Endoscopic Perioperative Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874398

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1068 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Golden, Elaine, , ,**

Mailing Address 9909 195th St

City  
HollisState  
NYZip Code  
11423-3221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Endoscopic Perioperative Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874399

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Golden, Elaine, , ,**

Mailing Address 9909 195th St

City  
HollisState  
NYZip Code  
11423-3221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Endoscopic Perioperative Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874400

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Golden, Elaine, , ,**

Mailing Address 9909 195th St

City  
HollisState  
NYZip Code  
11423-3221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Endoscopic Perioperative Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874401

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1069 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Golden, Elaine, , ,**

Mailing Address 9909 195th St

City  
Hollis

State  
NY

Zip Code  
11423-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Endoscopic Perioperative Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9874402**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Golden, Elaine, , ,**

Mailing Address 9909 195th St

City  
Hollis

State  
NY

Zip Code  
11423-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Endoscopic Perioperative Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874403**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gomez, Alfred, , ,**

Mailing Address 1077 Castleton Ave  
Apt 2A

City  
Staten Island

State  
NY

Zip Code  
10310-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9881279**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1070 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gomez, Alfred, , ,**

Mailing Address 1077 Castleton Ave  
Apt 2A

City  
Staten Island

State  
NY

Zip Code  
10310-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9881280**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gomez, Alfred, , ,**

Mailing Address 1077 Castleton Ave  
Apt 2A

City  
Staten Island

State  
NY

Zip Code  
10310-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9873540**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gomez, Alfred, , ,**

Mailing Address 1077 Castleton Ave  
Apt 2A

City  
Staten Island

State  
NY

Zip Code  
10310-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9881277**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1071 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gomez, Alfred, , ,**Mailing Address 1077 Castleton Ave  
Apt 2ACity  
Staten IslandState  
NYZip Code  
10310-1722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873541

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gomez, Alfred, , ,**Mailing Address 1077 Castleton Ave  
Apt 2ACity  
Staten IslandState  
NYZip Code  
10310-1722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CATERING ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881278

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gomez, Alvin, , ,**Mailing Address 50 Riverdale Ave  
Apt 14JCity  
YonkersState  
NYZip Code  
10701-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878291

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1072 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gomez, Alvin, , ,**Mailing Address 50 Riverdale Ave  
Apt 14JCity  
YonkersState  
NYZip Code  
10701-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878292

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gomez, Alvin, , ,**Mailing Address 50 Riverdale Ave  
Apt 14JCity  
YonkersState  
NYZip Code  
10701-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876594

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gomez, Alvin, , ,**Mailing Address 50 Riverdale Ave  
Apt 14JCity  
YonkersState  
NYZip Code  
10701-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878289

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1073 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gomez, Alvin, , ,**Mailing Address 50 Riverdale Ave  
Apt 14JCity  
YonkersState  
NYZip Code  
10701-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876595

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gomez, Alvin, , ,**Mailing Address 50 Riverdale Ave  
Apt 14JCity  
YonkersState  
NYZip Code  
10701-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878290

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gonzales Del Aguila, Zoila, , ,**Mailing Address 416 Woodward Ave  
Apt 2RCity  
RidgewoodState  
NYZip Code  
11385-1586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879360

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1074 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gonzales Del Aguila, Zoila, , ,**Mailing Address 416 Woodward Ave  
Apt 2RCity  
RidgewoodState  
NYZip Code  
11385-1586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879361

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gonzales Del Aguila, Zoila, , ,**Mailing Address 416 Woodward Ave  
Apt 2RCity  
RidgewoodState  
NYZip Code  
11385-1586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9876349

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gonzales Del Aguila, Zoila, , ,**Mailing Address 416 Woodward Ave  
Apt 2RCity  
RidgewoodState  
NYZip Code  
11385-1586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879358

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gonzales Del Aguila, Zoila, , ,**Mailing Address 416 Woodward Ave  
Apt 2RCity  
RidgewoodState  
NYZip Code  
11385-1586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876350

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gonzales Del Aguila, Zoila, , ,**Mailing Address 416 Woodward Ave  
Apt 2RCity  
RidgewoodState  
NYZip Code  
11385-1586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879359

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gonzales, Lindsay, , ,**Mailing Address 1220 Sutter Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11208-3822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9878791

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1076 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gonzales, Lindsay, , ,**

Mailing Address 1220 Sutter Ave  
Apt 5C

City  
Brooklyn

State  
NY

Zip Code  
11208-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn Hospital

Occupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.05

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9878792**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gonzales, Lindsay, , ,**

Mailing Address 1220 Sutter Ave  
Apt 5C

City  
Brooklyn

State  
NY

Zip Code  
11208-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn Hospital

Occupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.05

Date of Receipt

09 / 16 / 2025

**Transaction ID : 9878793**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gonzales, Lindsay, , ,**

Mailing Address 1220 Sutter Ave  
Apt 5C

City  
Brooklyn

State  
NY

Zip Code  
11208-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn Hospital

Occupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.05

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9878794**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1077 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gonzales, Lindsay, , ,**Mailing Address 1220 Sutter Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11208-3822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878772

Amount of Each Receipt this Period

0.05

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gonzales, Lindsay, , ,**Mailing Address 1220 Sutter Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11208-3822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9874888

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gonzales, Lindsay, , ,**Mailing Address 1220 Sutter Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11208-3822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9878790

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1078 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gonzalez, Malachi, , ,**

Mailing Address 95 Military Rd

City  
Buffalo

State  
NY

Zip Code  
14207-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

07 / 25 / 2025

**Transaction ID : 9873509**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gonzalez, Malachi, , ,**

Mailing Address 95 Military Rd

City  
Buffalo

State  
NY

Zip Code  
14207-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

11 / 28 / 2025

**Transaction ID : 9873510**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goodwin, Vaughn, , ,**

Mailing Address 937 Furnace Brook Pkwy  
Apt 4

City  
Quincy

State  
MA

Zip Code  
02169-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 18 / 2025

**Transaction ID : 9881383**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1079 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goodwin, Vaughn, , ,**Mailing Address 937 Furnace Brook Pkwy  
Apt 4City  
QuincyState  
MAZip Code  
02169-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881384

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goodwin, Vaughn, , ,**Mailing Address 937 Furnace Brook Pkwy  
Apt 4City  
QuincyState  
MAZip Code  
02169-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881385

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goodwin, Vaughn, , ,**Mailing Address 937 Furnace Brook Pkwy  
Apt 4City  
QuincyState  
MAZip Code  
02169-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876763

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1080 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goodwin, Vaughn, , ,**Mailing Address 937 Furnace Brook Pkwy  
Apt 4City  
QuincyState  
MAZip Code  
02169-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876764

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goodwin, Vaughn, , ,**Mailing Address 937 Furnace Brook Pkwy  
Apt 4City  
QuincyState  
MAZip Code  
02169-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876765

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gopen, Cristi, , ,**

Mailing Address 226 Union Ave

City  
IslipState  
NYZip Code  
11751-4315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore Child GuidanceOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880266

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1081 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gopen, Cristi, , ,**

Mailing Address 226 Union Ave

City  
IslipState  
NYZip Code  
11751-4315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore Child GuidanceOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875555

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gopen, Cristi, , ,**

Mailing Address 226 Union Ave

City  
IslipState  
NYZip Code  
11751-4315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore Child GuidanceOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9880265

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon, Elaine, , ,**Mailing Address 38 N Clover St  
Apt 2City  
PoughkeepsieState  
NYZip Code  
12601-2205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MidHudson Regional HospitalOccupation (for Individual)  
ENVIRONMENTAL SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9875439

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1082 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gordon, Elaine, , ,**Mailing Address 38 N Clover St  
Apt 2

City

Poughkeepsie

State

NY

Zip Code

12601-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MidHudson Regional Hospital

Occupation (for Individual)

ENVIRONMENTAL SERVICES AIDE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880562

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gordon, Elaine, , ,**Mailing Address 38 N Clover St  
Apt 2

City

Poughkeepsie

State

NY

Zip Code

12601-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MidHudson Regional Hospital

Occupation (for Individual)

ENVIRONMENTAL SERVICES AIDE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9875440

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon, Elaine, , ,**Mailing Address 38 N Clover St  
Apt 2

City

Poughkeepsie

State

NY

Zip Code

12601-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MidHudson Regional Hospital

Occupation (for Individual)

ENVIRONMENTAL SERVICES AIDE

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880563

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gordon, Ewart, , ,**Mailing Address 920 72nd St  
Apt 4HCity  
BrooklynState  
NYZip Code  
11228-1122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gracie Square HospitalOccupation (for Individual)  
Mental Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9881412

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gordon, Ewart, , ,**Mailing Address 920 72nd St  
Apt 4HCity  
BrooklynState  
NYZip Code  
11228-1122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gracie Square HospitalOccupation (for Individual)  
Mental Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9875925

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon, Ewart, , ,**Mailing Address 920 72nd St  
Apt 4HCity  
BrooklynState  
NYZip Code  
11228-1122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gracie Square HospitalOccupation (for Individual)  
Mental Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9881410

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1084 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gordon, Ewart, , ,**

Mailing Address 920 72nd St  
Apt 4H

City  
Brooklyn

State  
NY

Zip Code  
11228-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gracie Square Hospital

Occupation (for Individual)  
Mental Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9875926

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gordon, Ewart, , ,**

Mailing Address 920 72nd St  
Apt 4H

City  
Brooklyn

State  
NY

Zip Code  
11228-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gracie Square Hospital

Occupation (for Individual)  
Mental Health Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9881411

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon, Neil, , ,**

Mailing Address 1046 E 52nd St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11234-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shoreview Nursing Home

Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 01 / 2025

Transaction ID : 9879121

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1085 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gordon, Neil, , ,**

Mailing Address 1046 E 52nd St

Null

City

Brooklyn

State

NY

Zip Code

11234-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Shoreview Nursing Home

Occupation (for Individual)

Housekeeper

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879122

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gordon, Neil, , ,**

Mailing Address 1046 E 52nd St

Null

City

Brooklyn

State

NY

Zip Code

11234-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Shoreview Nursing Home

Occupation (for Individual)

Housekeeper

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875927

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon, Neil, , ,**

Mailing Address 1046 E 52nd St

Null

City

Brooklyn

State

NY

Zip Code

11234-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Shoreview Nursing Home

Occupation (for Individual)

Housekeeper

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9879120

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1086 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goudet, Marie, , ,**Mailing Address 9008 189th St  
FI 1City  
HollisState  
NYZip Code  
11423-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882655

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goudet, Marie, , ,**Mailing Address 9008 189th St  
FI 1City  
HollisState  
NYZip Code  
11423-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882656

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goudet, Marie, , ,**Mailing Address 9008 189th St  
FI 1City  
HollisState  
NYZip Code  
11423-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882657

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1087 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goudet, Marie, , ,**Mailing Address 9008 189th St  
FI 1City  
HollisState  
NYZip Code  
11423-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882658

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goudet, Marie, , ,**Mailing Address 9008 189th St  
FI 1City  
HollisState  
NYZip Code  
11423-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875482

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goudet, Marie, , ,**Mailing Address 9008 189th St  
FI 1City  
HollisState  
NYZip Code  
11423-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875483

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graham, John, , ,**

Mailing Address 3204 Wickham Ave

Null

City  
BronxState  
NYZip Code  
10469-3123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877961

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graham, John, , ,**

Mailing Address 3204 Wickham Ave

Null

City  
BronxState  
NYZip Code  
10469-3123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874183

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Graham, John, , ,**

Mailing Address 3204 Wickham Ave

Null

City  
BronxState  
NYZip Code  
10469-3123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9877959

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1089 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graham, John, , ,**

Mailing Address 3204 Wickham Ave

Null

City  
Bronx

State  
NY

Zip Code  
10469-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9874184**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graham, John, , ,**

Mailing Address 3204 Wickham Ave

Null

City  
Bronx

State  
NY

Zip Code  
10469-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9877960**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Granofsky, Salisha, , ,**

Mailing Address 28 -14 158 St

City  
Flushing

State  
NY

Zip Code  
11358

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9879260**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1090 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Granofsky, Salisha, , ,**

Mailing Address 28 -14 158 St

City  
FlushingState  
NYZip Code  
11358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879261

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Granofsky, Salisha, , ,**

Mailing Address 28 -14 158 St

City  
FlushingState  
NYZip Code  
11358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879262

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Granofsky, Salisha, , ,**

Mailing Address 28 -14 158 St

City  
FlushingState  
NYZip Code  
11358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874078

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1091 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Granofsky, Salisha, , ,**

Mailing Address 28 -14 158 St

City  
FlushingState  
NYZip Code  
11358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025**Transaction ID : 9874079**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grant, Carlos, , ,**

Mailing Address 1200 College Ave

City  
BronxState  
NYZip Code  
10456-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025**Transaction ID : 9876686**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grant, Carlos, , ,**

Mailing Address 1200 College Ave

City  
BronxState  
NYZip Code  
10456-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025**Transaction ID : 9876687**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1092 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grant, Cyprian, , ,**

Mailing Address 2200 Shinnwyck Ct

City  
RaleighState  
NCZip Code  
27604-6507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882777

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grant, Cyprian, , ,**

Mailing Address 2200 Shinnwyck Ct

City  
RaleighState  
NCZip Code  
27604-6507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882778

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grant, Cyprian, , ,**

Mailing Address 2200 Shinnwyck Ct

City  
RaleighState  
NCZip Code  
27604-6507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882779

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1093 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grant, Cyprian, , ,**

Mailing Address 2200 Shinnwyck Ct

City  
Raleigh

State  
NC

Zip Code  
27604-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2025

**Transaction ID : 9882780**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grant, Cyprian, , ,**

Mailing Address 2200 Shinnwyck Ct

City  
Raleigh

State  
NC

Zip Code  
27604-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2025

**Transaction ID : 9875413**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grant, Cyprian, , ,**

Mailing Address 2200 Shinnwyck Ct

City  
Raleigh

State  
NC

Zip Code  
27604-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2025

**Transaction ID : 9875414**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1094 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grant, Trevor, , ,**

Mailing Address 13824 222nd St

City  
LaureltonState  
NYZip Code  
11413-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Maintenance Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873691

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grant, Trevor, , ,**

Mailing Address 13824 222nd St

City  
LaureltonState  
NYZip Code  
11413-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Maintenance Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873692

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grant, Trevor, , ,**

Mailing Address 13824 222nd St

City  
LaureltonState  
NYZip Code  
11413-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Maintenance Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873690

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1095 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grant, Trevor, , ,**

Mailing Address 13824 222nd St

City  
LaureltonState  
NYZip Code  
11413-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Maintenance Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873693

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gratia, Marie-Neslie, , ,**Mailing Address 536 Bieling Rd  
NullCity  
ElmontState  
NYZip Code  
11003-2809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878578

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gratia, Marie-Neslie, , ,**Mailing Address 536 Bieling Rd  
NullCity  
ElmontState  
NYZip Code  
11003-2809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878579

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1096 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gratia, Marie-Neslie, , ,**Mailing Address 536 Bieling Rd  
NullCity  
ElmontState  
NYZip Code  
11003-2809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878580

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gratia, Marie-Neslie, , ,**Mailing Address 536 Bieling Rd  
NullCity  
ElmontState  
NYZip Code  
11003-2809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9878581

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gratia, Marie-Neslie, , ,**Mailing Address 536 Bieling Rd  
NullCity  
ElmontState  
NYZip Code  
11003-2809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874364

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1097 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gratia, Marie-Neslie, , ,**

Mailing Address 536 Bieling Rd  
Null

City  
Elmont

State  
NY

Zip Code  
11003-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9874365**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gray, Crystal, , ,**

Mailing Address 603 E 241st St  
Apt 2

City  
Bronx

State  
NY

Zip Code  
10470-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing Home

Occupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9878014**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gray, Crystal, , ,**

Mailing Address 603 E 241st St  
Apt 2

City  
Bronx

State  
NY

Zip Code  
10470-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing Home

Occupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9875297**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1098 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gray, Crystal, , ,**Mailing Address 603 E 241st St  
Apt 2City  
BronxState  
NYZip Code  
10470-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875294

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gray, Crystal, , ,**Mailing Address 603 E 241st St  
Apt 2City  
BronxState  
NYZip Code  
10470-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875295

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gray, Crystal, , ,**Mailing Address 603 E 241st St  
Apt 2City  
BronxState  
NYZip Code  
10470-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875296

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1099 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gray, Crystal, , ,**Mailing Address 603 E 241st St  
Apt 2City  
BronxState  
NYZip Code  
10470-1005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878013

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gray, Stacylea, , ,**Mailing Address 741 Bradford St  
FI 2City  
BrooklynState  
NYZip Code  
11207-7105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875462

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gray, Stacylea, , ,**Mailing Address 741 Bradford St  
FI 2City  
BrooklynState  
NYZip Code  
11207-7105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875463

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

100.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1100 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
BaltimoreState  
MDZip Code  
21217-1848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9881982

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
BaltimoreState  
MDZip Code  
21217-1848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9881984

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
BaltimoreState  
MDZip Code  
21217-1848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9881983

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1101 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
Baltimore

State  
MD

Zip Code  
21217-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab Ce

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2025

**Transaction ID : 9873782**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
Baltimore

State  
MD

Zip Code  
21217-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab Ce

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2025

**Transaction ID : 9873784**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
Baltimore

State  
MD

Zip Code  
21217-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab Ce

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9873783**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1102 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
BaltimoreState  
MDZip Code  
21217-1848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873785

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grays, Rayment, , ,**

Mailing Address 2343 Druid Hill Ave

City  
BaltimoreState  
MDZip Code  
21217-1848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenhouse Residence Care and Rehab CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9873786

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greaves Vassell, Vassell, , ,**Mailing Address 21930 143rd Ave  
FI 2City  
Springfield GardensState  
NYZip Code  
11413-3105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880770

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1103 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greaves Vassell, Vassell, , ,**

Mailing Address 21930 143rd Ave  
FL 2

City  
Springfield Gardens

State  
NY

Zip Code  
11413-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 26 / 2025

Transaction ID : 9880768

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greaves Vassell, Vassell, , ,**

Mailing Address 21930 143rd Ave  
FL 2

City  
Springfield Gardens

State  
NY

Zip Code  
11413-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 26 / 2025

Transaction ID : 9880771

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greaves Vassell, Vassell, , ,**

Mailing Address 21930 143rd Ave  
FL 2

City  
Springfield Gardens

State  
NY

Zip Code  
11413-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9880772

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1104 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greaves Vassell, Vassell, , ,**Mailing Address 21930 143rd Ave  
Fl 2City  
Springfield GardensState  
NYZip Code  
11413-3105FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025**Transaction ID : 9873913**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greaves Vassell, Vassell, , ,**Mailing Address 21930 143rd Ave  
Fl 2City  
Springfield GardensState  
NYZip Code  
11413-3105FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025**Transaction ID : 9880769**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greaves, Beryl, , ,**

Mailing Address 89 Lafayette Ave

City  
East OrangeState  
NJZip Code  
07017-4611FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 9882453**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1105 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greaves, Beryl, , ,**

Mailing Address 89 Lafayette Ave

City  
East OrangeState  
NJZip Code  
07017-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882454

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greaves, Beryl, , ,**

Mailing Address 89 Lafayette Ave

City  
East OrangeState  
NJZip Code  
07017-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882455

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greaves, Beryl, , ,**

Mailing Address 89 Lafayette Ave

City  
East OrangeState  
NJZip Code  
07017-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882456

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1106 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greaves, Beryl, , ,**

Mailing Address 89 Lafayette Ave

City  
East OrangeState  
NJZip Code  
07017-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875480

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greaves, Beryl, , ,**

Mailing Address 89 Lafayette Ave

City  
East OrangeState  
NJZip Code  
07017-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875481

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greaves, Iva, , ,**

Mailing Address 14514 230th Pl

City  
LaureltonState  
NYZip Code  
11413-3925FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879495

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1107 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greaves, Iva, , ,**

Mailing Address 14514 230th Pl

City  
LaureltonState  
NYZip Code  
11413-3925FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879496

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greaves, Iva, , ,**

Mailing Address 14514 230th Pl

City  
LaureltonState  
NYZip Code  
11413-3925FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874301

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greaves, Iva, , ,**

Mailing Address 14514 230th Pl

City  
LaureltonState  
NYZip Code  
11413-3925FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879493

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greaves, Iva, , ,**

Mailing Address 14514 230th Pl

City  
LaureltonState  
NYZip Code  
11413-3925FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874302

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greaves, Iva, , ,**

Mailing Address 14514 230th Pl

City  
LaureltonState  
NYZip Code  
11413-3925FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879494

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Beverley, , ,**

Mailing Address 14718 258th St

Null

City  
RosedaleState  
NYZip Code  
11422-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Special Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879586

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1109 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Beverley, , ,**

Mailing Address 14718 258th St

Null

City

Rosedale

State

NY

Zip Code

11422-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Special Care Coordinator

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9879587

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Beverley, , ,**

Mailing Address 14718 258th St

Null

City

Rosedale

State

NY

Zip Code

11422-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Special Care Coordinator

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9879588

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Beverley, , ,**

Mailing Address 14718 258th St

Null

City

Rosedale

State

NY

Zip Code

11422-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Special Care Coordinator

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9879589

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1110 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Beverley, , ,**

Mailing Address 14718 258th St

Null

City

Rosedale

State

NY

Zip Code

11422-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Special Care Coordinator

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874309

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Beverley, , ,**

Mailing Address 14718 258th St

Null

City

Rosedale

State

NY

Zip Code

11422-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Special Care Coordinator

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9879585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Brandi, , ,**

Mailing Address 75 Brunswick Blvd

Lowr

City

Buffalo

State

NY

Zip Code

14208-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humboldt House Rehab &amp; Nursing Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9880670

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Brandi, , ,**

Mailing Address 75 Brunswick Blvd

Lowr

City

Buffalo

State

NY

Zip Code

14208-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humboldt House Rehab &amp; Nursing Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 20    |   | 2025        |

Transaction ID : 9874014

Amount of Each Receipt this Period

40.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Brandi, , ,**

Mailing Address 75 Brunswick Blvd

Lowr

City

Buffalo

State

NY

Zip Code

14208-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humboldt House Rehab &amp; Nursing Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 23    |   | 2025        |

Transaction ID : 9874015

Amount of Each Receipt this Period

40.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Brandi, , ,**

Mailing Address 75 Brunswick Blvd

Lowr

City

Buffalo

State

NY

Zip Code

14208-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humboldt House Rehab &amp; Nursing Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2025        |

Transaction ID : 9874016

Amount of Each Receipt this Period

40.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1112 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Brandi, , ,**Mailing Address 75 Brunswick Blvd  
LowrCity  
BuffaloState  
NYZip Code  
14208-1542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humboldt House Rehab & Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874017

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Brandi, , ,**Mailing Address 75 Brunswick Blvd  
LowrCity  
BuffaloState  
NYZip Code  
14208-1542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humboldt House Rehab & Nursing CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9874018

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9880790

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1113 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880792

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9880791

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880793

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1114 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9873537

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9880788

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Donna, , ,**

Mailing Address 9513 11th Ave

City  
OrlandoState  
FLZip Code  
32824-8718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9880789

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1115 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greenberg, David, , ,**Mailing Address 11811 85th Ave  
FI 2City  
Kew GardensState  
NYZip Code  
11415-3001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880774

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greenberg, David, , ,**Mailing Address 11811 85th Ave  
FI 2City  
Kew GardensState  
NYZip Code  
11415-3001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880775

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greenberg, David, , ,**Mailing Address 11811 85th Ave  
FI 2City  
Kew GardensState  
NYZip Code  
11415-3001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880776

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1116 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greenberg, David, , ,**Mailing Address 11811 85th Ave  
FI 2City  
Kew GardensState  
NYZip Code  
11415-3001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880777

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greenberg, David, , ,**Mailing Address 11811 85th Ave  
FI 2City  
Kew GardensState  
NYZip Code  
11415-3001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876761

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greenberg, David, , ,**Mailing Address 11811 85th Ave  
FI 2City  
Kew GardensState  
NYZip Code  
11415-3001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880773

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1117 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greenidge, Herlyn, , ,**

Mailing Address 1347 E 89th St

City  
BrooklynState  
NYZip Code  
11236-5121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9879168

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greenidge, Herlyn, , ,**

Mailing Address 1347 E 89th St

City  
BrooklynState  
NYZip Code  
11236-5121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879169

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greenidge, Herlyn, , ,**

Mailing Address 1347 E 89th St

City  
BrooklynState  
NYZip Code  
11236-5121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879170

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1118 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greenidge, Herlyn, , ,**

Mailing Address 1347 E 89th St

City  
BrooklynState  
NYZip Code  
11236-5121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9876730

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greenidge, Herlyn, , ,**

Mailing Address 1347 E 89th St

City  
BrooklynState  
NYZip Code  
11236-5121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Care Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9879167

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greer, Camilla, , ,**Mailing Address 686 Ashford St  
Apt 10City  
BrooklynState  
NYZip Code  
11207-7344FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Linden Gardens Nursing Home & Rehab CtOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878747

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1119 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greer, Camilla, , ,**Mailing Address 686 Ashford St  
Apt 10City  
BrooklynState  
NYZip Code  
11207-7344FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Linden Gardens Nursing Home & Rehab CtOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9873907

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greer, Camilla, , ,**Mailing Address 686 Ashford St  
Apt 10City  
BrooklynState  
NYZip Code  
11207-7344FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Linden Gardens Nursing Home & Rehab CtOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878746

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
Fl 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9882879

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1120 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9882880

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882881

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9882882

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1121 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9882878

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9882883

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9882884

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1122 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882886

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9882885

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9882887

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1123 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9882892

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9882889

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882891

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1124 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9882888

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9873272

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873274

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1125 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9873273

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873275

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873276

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1126 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873277

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873278

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9873280

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1127 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9873279

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873281

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873283

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

15.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1128 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grogan, Joanna, , ,**Mailing Address 80 Vliet St  
FI 2City  
CohoesState  
NYZip Code  
12047-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873282

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gudiel, Luis, , ,**Mailing Address 2131 78th St  
FI 2

City

East Elmhurst

State  
NYZip Code  
11370-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Registered sleep tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879305

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gudiel, Luis, , ,**Mailing Address 2131 78th St  
FI 2

City

East Elmhurst

State  
NYZip Code  
11370-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Registered sleep tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879306

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

39.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1129 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gudiel, Luis, , ,**Mailing Address 2131 78th St  
FI 2City  
East ElmhurstState  
NYZip Code  
11370-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Registered sleep tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9879307

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gudiel, Luis, , ,**Mailing Address 2131 78th St  
FI 2City  
East ElmhurstState  
NYZip Code  
11370-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Registered sleep tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873725

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gudiel, Luis, , ,**Mailing Address 2131 78th St  
FI 2City  
East ElmhurstState  
NYZip Code  
11370-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Registered sleep tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879304

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

51.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1130 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9881845

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9881846

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 06 / 2025

Transaction ID : 9881847

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1131 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 24 / 2025

**Transaction ID : 9881849**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 10 / 2025

**Transaction ID : 9881848**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9876527**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1132 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9881843**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9876528**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guererri, Megan, , ,**

Mailing Address 102 W 1st St

City  
Corning

State  
NY

Zip Code  
14830-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Radiology Tech I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9881844**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1133 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guity, Daneeda, , ,**Mailing Address 529 Miller Ave  
NullCity  
BrooklynState  
NYZip Code  
11207-4805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedford Center for Nursing and RehabilOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9878736

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guity, Daneeda, , ,**Mailing Address 529 Miller Ave  
NullCity  
BrooklynState  
NYZip Code  
11207-4805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedford Center for Nursing and RehabilOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9873629

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guity, Daneeda, , ,**Mailing Address 529 Miller Ave  
NullCity  
BrooklynState  
NYZip Code  
11207-4805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedford Center for Nursing and RehabilOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878735

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1134 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gurdon, Dennis, , ,**

Mailing Address 2972 Laconia Ave  
FI 3

City  
Bronx

State  
NY

Zip Code  
10469-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & Heal

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 29 / 2025

Transaction ID : 9873606

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gurdon, Dennis, , ,**

Mailing Address 2972 Laconia Ave  
FI 3

City  
Bronx

State  
NY

Zip Code  
10469-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & Heal

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

11 / 25 / 2025

Transaction ID : 9873607

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gutierrez, Paula, , ,**

Mailing Address 3 Otsego Ave  
Null

City  
Dix Hills

State  
NY

Zip Code  
11746-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 01 / 2025

Transaction ID : 9880238

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1135 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gutierrez, Paula, , ,**

Mailing Address 3 Otsego Ave

Null

City

Dix Hills

State

NY

Zip Code

11746-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9874179**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gutierrez, Paula, , ,**

Mailing Address 3 Otsego Ave

Null

City

Dix Hills

State

NY

Zip Code

11746-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9880236**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gutierrez, Paula, , ,**

Mailing Address 3 Otsego Ave

Null

City

Dix Hills

State

NY

Zip Code

11746-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9874180**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1136 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gutierrez, Paula, , ,**

Mailing Address 3 Otsego Ave  
Null

City  
Dix Hills

State  
NY

Zip Code  
11746-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9880237

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guzman, Margarita, , ,**

Mailing Address 47 Arden St  
Apt 2D

City  
New York

State  
NY

Zip Code  
10040-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877307

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guzman, Margarita, , ,**

Mailing Address 47 Arden St  
Apt 2D

City  
New York

State  
NY

Zip Code  
10040-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877308

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1137 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guzman, Margarita, , ,**

Mailing Address 47 Arden St  
Apt 2D

City  
New York

State  
NY

Zip Code  
10040-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

**Transaction ID : 9877309**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guzman, Margarita, , ,**

Mailing Address 47 Arden St  
Apt 2D

City  
New York

State  
NY

Zip Code  
10040-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

**Transaction ID : 9877310**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guzman, Margarita, , ,**

Mailing Address 47 Arden St  
Apt 2D

City  
New York

State  
NY

Zip Code  
10040-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

**Transaction ID : 9877311**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1138 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guzman, Margarita, , ,**Mailing Address 47 Arden St  
Apt 2DCity  
New YorkState  
NYZip Code  
10040-1325FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873801

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guzman, Margarita, , ,**Mailing Address 47 Arden St  
Apt 2DCity  
New YorkState  
NYZip Code  
10040-1325FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877306

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guzman, Rocio, , ,**Mailing Address 2205 2nd Ave  
Apt 7CCity  
New YorkState  
NYZip Code  
10029-2238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877224

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1139 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guzman, Rocio, , ,**Mailing Address 2205 2nd Ave  
Apt 7CCity  
New YorkState  
NYZip Code  
10029-2238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877225

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guzman, Rocio, , ,**Mailing Address 2205 2nd Ave  
Apt 7CCity  
New YorkState  
NYZip Code  
10029-2238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876561

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guzman, Rocio, , ,**Mailing Address 2205 2nd Ave  
Apt 7CCity  
New YorkState  
NYZip Code  
10029-2238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877222

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1140 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Guzman, Rocio, , ,**Mailing Address 2205 2nd Ave  
Apt 7CCity  
New YorkState  
NYZip Code  
10029-2238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876562

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guzman, Rocio, , ,**Mailing Address 2205 2nd Ave  
Apt 7CCity  
New YorkState  
NYZip Code  
10029-2238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877223

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gyamfi, Lilly, , ,**Mailing Address 25700 Woodfield Rd  
NullCity  
DamascusState  
MDZip Code  
20872-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9881952

Amount of Each Receipt this Period

120.76

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1141 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gyamfi, Lilly, , ,**Mailing Address 25700 Woodfield Rd  
NullCity  
DamascusState  
MDZip Code  
20872-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881953

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gyamfi, Lilly, , ,**Mailing Address 25700 Woodfield Rd  
NullCity  
DamascusState  
MDZip Code  
20872-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9881954

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gyamfi, Lilly, , ,**Mailing Address 25700 Woodfield Rd  
NullCity  
DamascusState  
MDZip Code  
20872-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881955

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1142 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gyamfi, Lilly, , ,**Mailing Address 25700 Woodfield Rd  
NullCity  
DamascusState  
MDZip Code  
20872-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9881956

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haider, Rubina, , ,**Mailing Address 2102 74th St  
Apt 3ACity  
BrooklynState  
NYZip Code  
11204-5923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LB TECHN I 1-3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878720

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haider, Rubina, , ,**Mailing Address 2102 74th St  
Apt 3ACity  
BrooklynState  
NYZip Code  
11204-5923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LB TECHN I 1-3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874164

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1143 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Haider, Rubina, , ,**

Mailing Address 2102 74th St  
Apt 3A

City  
Brooklyn

State  
NY

Zip Code  
11204-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LB TECHN I 1-3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9878718**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haider, Rubina, , ,**

Mailing Address 2102 74th St  
Apt 3A

City  
Brooklyn

State  
NY

Zip Code  
11204-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LB TECHN I 1-3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9874165**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haider, Rubina, , ,**

Mailing Address 2102 74th St  
Apt 3A

City  
Brooklyn

State  
NY

Zip Code  
11204-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LB TECHN I 1-3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9878719**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1144 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Andrea, , ,**

Mailing Address 712 Miller Ave  
Apt 2F

City  
Brooklyn

State  
NY

Zip Code  
11207-7247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist Church

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 17 / 2025

Transaction ID : 9878737

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Andrea, , ,**

Mailing Address 712 Miller Ave  
Apt 2F

City  
Brooklyn

State  
NY

Zip Code  
11207-7247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist Church

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 31 / 2025

Transaction ID : 9878742

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Andrea, , ,**

Mailing Address 712 Miller Ave  
Apt 2F

City  
Brooklyn

State  
NY

Zip Code  
11207-7247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist Church

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 11 / 2025

Transaction ID : 9878738

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1145 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Andrea, , ,**Mailing Address 712 Miller Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11207-7247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist ChurchOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9878739

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Andrea, , ,**Mailing Address 712 Miller Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11207-7247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist ChurchOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874376

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Andrea, , ,**Mailing Address 712 Miller Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11207-7247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist ChurchOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874377

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1146 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Andrea, , ,**Mailing Address 712 Miller Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11207-7247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist ChurchOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9878740

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Andrea, , ,**Mailing Address 712 Miller Ave  
Apt 2FCity  
BrooklynState  
NYZip Code  
11207-7247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn United Methodist ChurchOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9878741

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Joel, , ,**Mailing Address 1220 Morris Ave  
Apt 5BCity  
BronxState  
NYZip Code  
10456-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIAL HANDLER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881207

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1147 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Joel, , ,**Mailing Address 1220 Morris Ave  
Apt 5BCity  
BronxState  
NYZip Code  
10456-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIAL HANDLER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881208

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Joel, , ,**Mailing Address 1220 Morris Ave  
Apt 5BCity  
BronxState  
NYZip Code  
10456-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIAL HANDLER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876261

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Joel, , ,**Mailing Address 1220 Morris Ave  
Apt 5BCity  
BronxState  
NYZip Code  
10456-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIAL HANDLER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881205

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1148 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Joel, , ,**

Mailing Address 1220 Morris Ave  
Apt 5B

City  
Bronx

State  
NY

Zip Code  
10456-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
MATERIAL HANDLER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876262**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Joel, , ,**

Mailing Address 1220 Morris Ave  
Apt 5B

City  
Bronx

State  
NY

Zip Code  
10456-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
MATERIAL HANDLER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9881206**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Stephanie, , ,**

Mailing Address 63 Herriot St  
Apt 3

City  
Yonkers

State  
NY

Zip Code  
10701-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

**Transaction ID : 9881331**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1149 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Stephanie, , ,**

Mailing Address 63 Herriot St  
Apt 3

City  
Yonkers

State  
NY

Zip Code  
10701-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9881332

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Stephanie, , ,**

Mailing Address 63 Herriot St  
Apt 3

City  
Yonkers

State  
NY

Zip Code  
10701-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9881333

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Stephanie, , ,**

Mailing Address 63 Herriot St  
Apt 3

City  
Yonkers

State  
NY

Zip Code  
10701-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical Center

Occupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9881334

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1150 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9881335

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9881336

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9881337

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1151 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9881338

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9881339

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9875510

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1152 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Stephanie, , ,**Mailing Address 63 Herriot St  
Apt 3City  
YonkersState  
NYZip Code  
10701-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Joseph's Medical CenterOccupation (for Individual)  
Sr Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9881330

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hamilton, Ingrid, , ,**Mailing Address 355 Beach 43Rd St  
Reet

City

Far Rockaway

State  
NYZip Code  
11691-1209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873875

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hamilton, Ingrid, , ,**Mailing Address 355 Beach 43Rd St  
Reet

City

Far Rockaway

State  
NYZip Code  
11691-1209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9880002

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1153 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hamilton, Ingrid, , ,**Mailing Address 355 Beach 43Rd St  
ReetCity  
Far RockawayState  
NYZip Code  
11691-1209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880005

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hamilton, Ingrid, , ,**Mailing Address 355 Beach 43Rd St  
ReetCity  
Far RockawayState  
NYZip Code  
11691-1209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880006

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hamilton, Ingrid, , ,**Mailing Address 355 Beach 43Rd St  
ReetCity  
Far RockawayState  
NYZip Code  
11691-1209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9880004

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1154 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hamilton, Ingrid, , ,**Mailing Address 355 Beach 43Rd St  
ReetCity  
Far RockawayState  
NYZip Code  
11691-1209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9880003

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hamilton, Rae, , ,**

Mailing Address 60 Forbell St

City  
BrooklynState  
NYZip Code  
11208-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bushwick Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873392

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hamilton, Rae, , ,**

Mailing Address 60 Forbell St

City  
BrooklynState  
NYZip Code  
11208-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bushwick Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873393

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1155 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanif, Muhammad, , ,**

Mailing Address 420 Poets Way

City  
MahwahState  
NJZip Code  
07430-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanif, Muhammad, , ,**

Mailing Address 420 Poets Way

City  
MahwahState  
NJZip Code  
07430-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9881699

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hanif, Muhammad, , ,**

Mailing Address 420 Poets Way

City  
MahwahState  
NJZip Code  
07430-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9881701

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1156 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanif, Muhammad, , ,**

Mailing Address 420 Poets Way

City  
MahwahState  
NJZip Code  
07430-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9881702

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanif, Muhammad, , ,**

Mailing Address 420 Poets Way

City  
MahwahState  
NJZip Code  
07430-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875899

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hanif, Muhammad, , ,**

Mailing Address 420 Poets Way

City  
MahwahState  
NJZip Code  
07430-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9881698

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1157 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanni, Tatjana, , ,**Mailing Address 557 Avenue Z  
Apt 4KCity  
BrooklynState  
NYZip Code  
11223-6172FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875589

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanni, Tatjana, , ,**Mailing Address 557 Avenue Z  
Apt 4KCity  
BrooklynState  
NYZip Code  
11223-6172FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875591

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hanni, Tatjana, , ,**Mailing Address 557 Avenue Z  
Apt 4KCity  
BrooklynState  
NYZip Code  
11223-6172FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875592

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1158 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanni, Tatjana, , ,**Mailing Address 557 Avenue Z  
Apt 4KCity  
BrooklynState  
NYZip Code  
11223-6172FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875590

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Happi, Victorine, , ,**

Mailing Address 3214 Pearsall Ave

City  
BronxState  
NYZip Code  
10469-5009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9875947

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Happi, Victorine, , ,**

Mailing Address 3214 Pearsall Ave

City  
BronxState  
NYZip Code  
10469-5009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875948

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1159 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880356

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880353

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9880357

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1160 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9880354

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9874195

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880352

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1161 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hargrove, Shontay, , ,**

Mailing Address 50 N Swan St

City  
AlbanyState  
NYZip Code  
12210-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosewood Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880355

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harriett, Latiesha, , ,**

Mailing Address 21802 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879478

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harriett, Latiesha, , ,**

Mailing Address 21802 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879479

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1162 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harriett, Latiesha, , ,**

Mailing Address 21802 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874720

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harriett, Latiesha, , ,**

Mailing Address 21802 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879476

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harriett, Latiesha, , ,**

Mailing Address 21802 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874721

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1163 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harriett, Latiesha, , ,**

Mailing Address 21802 137th Ave

City  
Springfield GardensState  
NYZip Code  
11413-2214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879477

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880154

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880146

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880147

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880155

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9880148

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1165 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880149

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880150

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874619

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1166 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9880152

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880151

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874620

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1167 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, George, , ,**

Mailing Address 57 S Village Dr

City  
BellportState  
NYZip Code  
11713-1214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Patient Svc Navigator (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9880153

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, Pamela, , ,**Mailing Address 2389 Lynn Lake Ct S  
Apt ACity  
St PetersburgState  
FLZip Code  
33712-6133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882340

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, Pamela, , ,**Mailing Address 2389 Lynn Lake Ct S  
Apt ACity  
St PetersburgState  
FLZip Code  
33712-6133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9882341

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1168 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, Pamela, , ,**Mailing Address 2389 Lynn Lake Ct S  
Apt ACity  
St PetersburgState  
FLZip Code  
33712-6133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875175

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, Pamela, , ,**Mailing Address 2389 Lynn Lake Ct S  
Apt ACity  
St PetersburgState  
FLZip Code  
33712-6133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882339

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, Shiasia, , ,**

Mailing Address 527 W 151st St

City  
New YorkState  
NYZip Code  
10031-2231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880779

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1169 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, Shiasia, , ,**

Mailing Address 527 W 151st St

City  
New York

State  
NY

Zip Code  
10031-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9880780

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harris, Shiasia, , ,**

Mailing Address 527 W 151st St

City  
New York

State  
NY

Zip Code  
10031-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 01 / 2025

Transaction ID : 9880781

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, Shiasia, , ,**

Mailing Address 527 W 151st St

City  
New York

State  
NY

Zip Code  
10031-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9875759

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1170 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, Shiasia, , ,**

Mailing Address 527 W 151st St

City  
New YorkState  
NYZip Code  
10031-2231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880778

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harrison, Dana, , ,**Mailing Address 60 Plaza St E  
NullCity  
BrooklynState  
NYZip Code  
11238-5020FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879239

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harrison, Dana, , ,**Mailing Address 60 Plaza St E  
NullCity  
BrooklynState  
NYZip Code  
11238-5020FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879240

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1171 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harrison, Dana, , ,**

Mailing Address 60 Plaza St E

Null

City

Brooklyn

State

NY

Zip Code

11238-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Physician Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 10    |   | 2025        |

**Transaction ID : 9873459**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harrison, Dana, , ,**

Mailing Address 60 Plaza St E

Null

City

Brooklyn

State

NY

Zip Code

11238-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Physician Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 10    |   | 2025        |

**Transaction ID : 9879237**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harrison, Dana, , ,**

Mailing Address 60 Plaza St E

Null

City

Brooklyn

State

NY

Zip Code

11238-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Physician Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2025        |

**Transaction ID : 9873460**

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1172 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harrison, Dana, , ,**Mailing Address 60 Plaza St E  
NullCity  
BrooklynState  
NYZip Code  
11238-5020FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879238

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harry, Paulette, , ,**

Mailing Address 467 Rockaway Pkwy

City  
BrooklynState  
NYZip Code  
11212-3247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873709

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harry, Paulette, , ,**

Mailing Address 467 Rockaway Pkwy

City  
BrooklynState  
NYZip Code  
11212-3247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873710

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1173 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harry, Paulette, , ,**

Mailing Address 467 Rockaway Pkwy

City  
BrooklynState  
NYZip Code  
11212-3247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873708

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harry, Paulette, , ,**

Mailing Address 467 Rockaway Pkwy

City  
BrooklynState  
NYZip Code  
11212-3247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873711

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hart, Sharon, , ,**

Mailing Address 8553 Cardell Dr

City  
New Port RicheyState  
FLZip Code  
34654-4721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Trinity HospitalOccupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9882399

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1174 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hart, Sharon, , ,**

Mailing Address 8553 Cardell Dr

City  
New Port RicheyState  
FLZip Code  
34654-4721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Trinity HospitalOccupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875324

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hart, Sharon, , ,**

Mailing Address 8553 Cardell Dr

City  
New Port RicheyState  
FLZip Code  
34654-4721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Trinity HospitalOccupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9882398

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harvey, John, , ,**

Mailing Address 1824 Presstman St

City  
BaltimoreState  
MDZip Code  
21217-1548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group Fayette HealOccupation (for Individual)  
Light Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9881985

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1175 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harvey, John, , ,**

Mailing Address 1824 Presstman St

City  
BaltimoreState  
MDZip Code  
21217-1548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group Fayette HealOccupation (for Individual)  
Light Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9873901

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harvey, John, , ,**

Mailing Address 1824 Presstman St

City  
BaltimoreState  
MDZip Code  
21217-1548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group Fayette HealOccupation (for Individual)  
Light Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9873902

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harvey, John, , ,**

Mailing Address 1824 Presstman St

City  
BaltimoreState  
MDZip Code  
21217-1548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group Fayette HealOccupation (for Individual)  
Light Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9873903

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1176 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harvey, John, , ,**

Mailing Address 1824 Presstman St

City  
Baltimore

State  
MD

Zip Code  
21217-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Healthcare Services Group Fayette Heal

Occupation (for Individual)

Light Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 06 / 2025

Transaction ID : 9873904

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harvey, John, , ,**

Mailing Address 1824 Presstman St

City  
Baltimore

State  
MD

Zip Code  
21217-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Healthcare Services Group Fayette Heal

Occupation (for Individual)

Light Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 08 / 2025

Transaction ID : 9873905

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harvey, Tabitha, , ,**

Mailing Address 115 Franklin St NE  
Apt H13

City  
Washington

State  
DC

Zip Code  
20002-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medstar Georgetown Medical Center

Occupation (for Individual)

Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 11 / 2025

Transaction ID : 9881912

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1177 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harvey, Tabitha, , ,**

Mailing Address 115 Franklin St NE  
Apt H13

City  
Washington

State  
DC

Zip Code  
20002-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9881913

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harvey, Tabitha, , ,**

Mailing Address 115 Franklin St NE  
Apt H13

City  
Washington

State  
DC

Zip Code  
20002-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 14 / 2025

Transaction ID : 9881914

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harvey, Tabitha, , ,**

Mailing Address 115 Franklin St NE  
Apt H13

City  
Washington

State  
DC

Zip Code  
20002-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 22 / 2025

Transaction ID : 9874283

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1178 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harvey, Tabitha, , ,**

Mailing Address 115 Franklin St NE  
Apt H13

City  
Washington

State  
DC

Zip Code  
20002-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9881911**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Havercome, Sharon, , ,**

Mailing Address 861 Cleveland St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT BUSINESS ASSOCIATE (AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2025

**Transaction ID : 9878766**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Havercome, Sharon, , ,**

Mailing Address 861 Cleveland St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT BUSINESS ASSOCIATE (AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

**Transaction ID : 9878767**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1179 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Havercome, Sharon, , ,**

Mailing Address 861 Cleveland St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT BUSINESS ASSOCIATE (AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9878768

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Havercome, Sharon, , ,**

Mailing Address 861 Cleveland St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT BUSINESS ASSOCIATE (AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 06 / 2025

Transaction ID : 9875730

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Havercome, Sharon, , ,**

Mailing Address 861 Cleveland St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11208-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT BUSINESS ASSOCIATE (AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9875731

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1180 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hemmings, Michelle, , ,**Mailing Address 740 E 232nd St  
Apt 5CCity  
BronxState  
NYZip Code  
10466-4150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9873815

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hemmings, Michelle, , ,**Mailing Address 740 E 232nd St  
Apt 5CCity  
BronxState  
NYZip Code  
10466-4150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9873814

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hemmings-Nelson, Denise, , ,**Mailing Address 3455 Fish Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10469-2278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877995

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1181 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hemmings-Nelson, Denise, , ,**Mailing Address 3455 Fish Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10469-2278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877996

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hemmings-Nelson, Denise, , ,**Mailing Address 3455 Fish Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10469-2278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877997

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hemmings-Nelson, Denise, , ,**Mailing Address 3455 Fish Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10469-2278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875245

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1182 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hemmings-Nelson, Denise, , ,**Mailing Address 3455 Fish Ave  
Apt 2BCity  
BronxState  
NYZip Code  
10469-2278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877994

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hendon, Tasha, , ,**

Mailing Address 251 W 20th St

City  
ApopkaState  
FLZip Code  
32703-7089FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West AltamontOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882001

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hendon, Tasha, , ,**

Mailing Address 251 W 20th St

City  
ApopkaState  
FLZip Code  
32703-7089FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West AltamontOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9873929

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1183 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hendon, Tasha, , ,**

Mailing Address 251 W 20th St

City  
Apopka

State  
FL

Zip Code  
32703-7089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West Altamont

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 16 / 2025

**Transaction ID : 9873930**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hendricks, Kemeisha, , ,**

Mailing Address 840 E 224th St

City  
Bronx

State  
NY

Zip Code  
10466-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

**Transaction ID : 9877813**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hendricks, Kemeisha, , ,**

Mailing Address 840 E 224th St

City  
Bronx

State  
NY

Zip Code  
10466-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 05 / 2025

**Transaction ID : 9877814**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1184 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hendricks, Kemeisha, , ,**

Mailing Address 840 E 224th St

City  
BronxState  
NYZip Code  
10466-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877815

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hendricks, Kemeisha, , ,**

Mailing Address 840 E 224th St

City  
BronxState  
NYZip Code  
10466-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877816

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hendricks, Kemeisha, , ,**

Mailing Address 840 E 224th St

City  
BronxState  
NYZip Code  
10466-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9875025

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1185 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hendricks, Kemeisha, , ,**

Mailing Address 840 E 224th St

City  
BronxState  
NYZip Code  
10466-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kings Harbor Multicare CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9877812

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henningham, Natoya, , ,**

Mailing Address 112 Sutton Ct

City  
UniondaleState  
NYZip Code  
11553-3093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879848

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henningham, Natoya, , ,**

Mailing Address 112 Sutton Ct

City  
UniondaleState  
NYZip Code  
11553-3093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879849

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1186 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henningham, Natoya, , ,**

Mailing Address 112 Sutton Ct

City  
UniondaleState  
NYZip Code  
11553-3093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879850

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henningham, Natoya, , ,**

Mailing Address 112 Sutton Ct

City  
UniondaleState  
NYZip Code  
11553-3093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879851

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henningham, Natoya, , ,**

Mailing Address 112 Sutton Ct

City  
UniondaleState  
NYZip Code  
11553-3093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874685

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1187 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henningham, Natoya, , ,**

Mailing Address 112 Sutton Ct

City  
UniondaleState  
NYZip Code  
11553-3093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874686

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henriquez, Evelin, , ,**Mailing Address 531 W 135th St  
Apt 19City  
New YorkState  
NYZip Code  
10031-8439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legal Aid SocietyOccupation (for Individual)  
Forensic Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9876448

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henriquez, Evelin, , ,**Mailing Address 531 W 135th St  
Apt 19City  
New YorkState  
NYZip Code  
10031-8439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legal Aid SocietyOccupation (for Individual)  
Forensic Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9876449

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1188 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henriquez, Yulissa, , ,**

Mailing Address 301 Grant Ave

City  
BrooklynState  
NYZip Code  
11208-1812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875668

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henriquez, Yulissa, , ,**

Mailing Address 301 Grant Ave

City  
BrooklynState  
NYZip Code  
11208-1812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875665

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henriquez, Yulissa, , ,**

Mailing Address 301 Grant Ave

City  
BrooklynState  
NYZip Code  
11208-1812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875666

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1189 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henriquez, Yulissa, , ,**

Mailing Address 301 Grant Ave

City  
BrooklynState  
NYZip Code  
11208-1812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875667

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Candice, , ,**Mailing Address 1000 E 35th St  
Apt 1City  
BrooklynState  
NYZip Code  
11210-3419FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876021

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Candice, , ,**Mailing Address 1000 E 35th St  
Apt 1City  
BrooklynState  
NYZip Code  
11210-3419FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9876022

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1190 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Diamond, , ,**Mailing Address 3745 Barnes Ave  
Apt 15City  
BronxState  
NYZip Code  
10467-5822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880921

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Diamond, , ,**Mailing Address 3745 Barnes Ave  
Apt 15City  
BronxState  
NYZip Code  
10467-5822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880922

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Diamond, , ,**Mailing Address 3745 Barnes Ave  
Apt 15City  
BronxState  
NYZip Code  
10467-5822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876149

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1191 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Diamond, , ,**Mailing Address 3745 Barnes Ave  
Apt 15City  
BronxState  
NYZip Code  
10467-5822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880919

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Diamond, , ,**Mailing Address 3745 Barnes Ave  
Apt 15City  
BronxState  
NYZip Code  
10467-5822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876150

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Diamond, , ,**Mailing Address 3745 Barnes Ave  
Apt 15City  
BronxState  
NYZip Code  
10467-5822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880920

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1192 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Marcus, , ,**Mailing Address 2911 Barnes Ave  
Apt 11FCity  
BronxState  
NYZip Code  
10467-8542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877911

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Marcus, , ,**Mailing Address 2911 Barnes Ave  
Apt 11FCity  
BronxState  
NYZip Code  
10467-8542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9877912

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Marcus, , ,**Mailing Address 2911 Barnes Ave  
Apt 11FCity  
BronxState  
NYZip Code  
10467-8542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9876638

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1193 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Marcus, , ,**Mailing Address 2911 Barnes Ave  
Apt 11FCity  
BronxState  
NYZip Code  
10467-8542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9877909

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Marcus, , ,**Mailing Address 2911 Barnes Ave  
Apt 11FCity  
BronxState  
NYZip Code  
10467-8542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9876639

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Marcus, , ,**Mailing Address 2911 Barnes Ave  
Apt 11FCity  
BronxState  
NYZip Code  
10467-8542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9877910

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1194 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874799

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874800

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874801

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1195 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874802

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874803

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874804

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1196 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Stephano D, , ,**

Mailing Address 8711 NW 47th Dr

City  
Coral SpringsState  
FLZip Code  
33067-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Emergency Svcs Tech II PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874805

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Yoland, , ,**Mailing Address 331 E 52nd St  
NullCity  
BrooklynState  
NYZip Code  
11203-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878695

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Yoland, , ,**Mailing Address 331 E 52nd St  
NullCity  
BrooklynState  
NYZip Code  
11203-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878696

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1197 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Yoland, , ,**Mailing Address 331 E 52nd St  
NullCity  
BrooklynState  
NYZip Code  
11203-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878697

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Yoland, , ,**Mailing Address 331 E 52nd St  
NullCity  
BrooklynState  
NYZip Code  
11203-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878698

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Yoland, , ,**Mailing Address 331 E 52nd St  
NullCity  
BrooklynState  
NYZip Code  
11203-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873453

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Yoland, , ,**Mailing Address 331 E 52nd St  
NullCity  
BrooklynState  
NYZip Code  
11203-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873454

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Herbert, Megan, , ,**

Mailing Address 21536 106th Ave

City  
Queens VillageState  
NYZip Code  
11429-1508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Herbert, Megan, , ,**

Mailing Address 21536 106th Ave

City  
Queens VillageState  
NYZip Code  
11429-1508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882660

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1199 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herbert, Megan, , ,**

Mailing Address 21536 106th Ave

City  
Queens Village

State  
NY

Zip Code  
11429-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

**Transaction ID : 9882661**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Herbert, Megan, , ,**

Mailing Address 21536 106th Ave

City  
Queens Village

State  
NY

Zip Code  
11429-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9882662**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Herbert, Megan, , ,**

Mailing Address 21536 106th Ave

City  
Queens Village

State  
NY

Zip Code  
11429-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9875411**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1200 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herbert, Megan, , ,**

Mailing Address 21536 106th Ave

City  
Queens VillageState  
NYZip Code  
11429-1508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875412

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Herman, Cecile, , ,**Mailing Address 444 Jamaica Ave  
Apt 11RCity  
BrooklynState  
NYZip Code  
11208-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9878800

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Herman, Cecile, , ,**Mailing Address 444 Jamaica Ave  
Apt 11RCity  
BrooklynState  
NYZip Code  
11208-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9878799

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1201 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Herman, Cecile, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 30 / 2025<br><b>Transaction ID : 9878801</b> |                                    |
| Mailing Address 444 Jamaica Ave<br>Apt 11R                                                                                      |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11208-1001                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>United Cerebral Palsy Association of N                                                     |             | Occupation (for Individual)<br>Direct Care Counselor                                                |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Herman, Cecile, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 10 / 2025<br><b>Transaction ID : 9878802</b> |                                    |
| Mailing Address 444 Jamaica Ave<br>Apt 11R                                                                                      |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11208-1001                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>United Cerebral Palsy Association of N                                                     |             | Occupation (for Individual)<br>Direct Care Counselor                                                |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Herman, Cecile, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 06 / 2025<br><b>Transaction ID : 9878803</b> |                                    |
| Mailing Address 444 Jamaica Ave<br>Apt 11R                                                                                      |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11208-1001                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>United Cerebral Palsy Association of N                                                     |             | Occupation (for Individual)<br>Direct Care Counselor                                                |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1202 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herman, Cecile, , ,**Mailing Address 444 Jamaica Ave  
Apt 11RCity  
BrooklynState  
NYZip Code  
11208-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873613

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Herman, Cecile, , ,**Mailing Address 444 Jamaica Ave  
Apt 11RCity  
BrooklynState  
NYZip Code  
11208-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873614

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City  
East PatchogueState  
NYZip Code  
11772-5506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health SuffolkOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880279

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

49.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1203 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2025        |

Transaction ID : 9880280

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 30    |   | 2025        |

Transaction ID : 9880281

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 07    |   | 2025        |

Transaction ID : 9875695

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1204 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9880276

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9875694

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9880275

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1205 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City  
East Patchogue

State  
NY

Zip Code  
11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health Suffolk

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : 9875696**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City  
East Patchogue

State  
NY

Zip Code  
11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health Suffolk

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : 9880277**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City  
East Patchogue

State  
NY

Zip Code  
11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health Suffolk

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9875697**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1206 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez Velasquez, Elizabeth, , ,**

Mailing Address 42 Oakdale Ave

City

East Patchogue

State

NY

Zip Code

11772-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sun River Health Suffolk

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9880278

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Keshea-Gay, , ,**Mailing Address 1140 Clay Ave  
Apt 5J

City

Bronx

State

NY

Zip Code

10456-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Triboro Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876679

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Keshea-Gay, , ,**Mailing Address 1140 Clay Ave  
Apt 5J

City

Bronx

State

NY

Zip Code

10456-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Triboro Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876680

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

49.23

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1207 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877404

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877405

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877406

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1208 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Nora, , ,**

Mailing Address 12 Errington Pl  
Null

City  
Staten Island

State  
NY

Zip Code  
10304-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9877407**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Nora, , ,**

Mailing Address 12 Errington Pl  
Null

City  
Staten Island

State  
NY

Zip Code  
10304-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2025

**Transaction ID : 9877408**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Nora, , ,**

Mailing Address 12 Errington Pl  
Null

City  
Staten Island

State  
NY

Zip Code  
10304-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2025

**Transaction ID : 9874881**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1209 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874882

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874883

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874884

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1210 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Nora, , ,**Mailing Address 12 Errington Pl  
NullCity  
Staten IslandState  
NYZip Code  
10304-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874885

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Shanick, , ,**Mailing Address 24 Lindbergh Pl  
NullCity  
PoughkeepsieState  
NYZip Code  
12603-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MidHudson Regional HospitalOccupation (for Individual)  
PATIENT CARE TECH 12HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9875416

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Shanick, , ,**Mailing Address 24 Lindbergh Pl  
NullCity  
PoughkeepsieState  
NYZip Code  
12603-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MidHudson Regional HospitalOccupation (for Individual)  
PATIENT CARE TECH 12HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880591

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1211 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Shanick, , ,**Mailing Address 24 Lindbergh Pl  
Null

City

Poughkeepsie

State

NY

Zip Code

12603-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MidHudson Regional Hospital

Occupation (for Individual)

PATIENT CARE TECH 12HR

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9875417

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Shanick, , ,**Mailing Address 24 Lindbergh Pl  
Null

City

Poughkeepsie

State

NY

Zip Code

12603-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MidHudson Regional Hospital

Occupation (for Individual)

PATIENT CARE TECH 12HR

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880592

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Tannisha, , ,**Mailing Address 66 W Hartsdale Ave  
Null

City

Hartsdale

State

NY

Zip Code

10530-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

Patient Service Representative

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878144

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1212 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Tannisha, , ,**Mailing Address 66 W Hartsdale Ave  
NullCity  
HartsdaleState  
NYZip Code  
10530-1631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878145

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Tannisha, , ,**Mailing Address 66 W Hartsdale Ave  
NullCity  
HartsdaleState  
NYZip Code  
10530-1631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876358

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hernandez, Tannisha, , ,**Mailing Address 66 W Hartsdale Ave  
NullCity  
HartsdaleState  
NYZip Code  
10530-1631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878142

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1213 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hernandez, Tannisha, , ,**

Mailing Address 66 W Hartsdale Ave  
Null

City  
Hartsdale

State  
NY

Zip Code  
10530-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876359**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hernandez, Tannisha, , ,**

Mailing Address 66 W Hartsdale Ave  
Null

City  
Hartsdale

State  
NY

Zip Code  
10530-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9878143**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hibbert-McCallum, Glenise, , ,**

Mailing Address 56 Lefferts Pl

City  
Brooklyn

State  
NY

Zip Code  
11238-2834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing Rehab

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9879235**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1214 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hibbert-McCallum, Glenise, , ,**

Mailing Address 56 Lefferts Pl

City  
BrooklynState  
NYZip Code  
11238-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hibbert-McCallum, Glenise, , ,**

Mailing Address 56 Lefferts Pl

City  
BrooklynState  
NYZip Code  
11238-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875822

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hibbert-McCallum, Glenise, , ,**

Mailing Address 56 Lefferts Pl

City  
BrooklynState  
NYZip Code  
11238-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9879233

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1215 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hibbert-McCallum, Glenise, , ,**

Mailing Address 56 Lefferts Pl

City  
BrooklynState  
NYZip Code  
11238-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9875823

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hibbert-McCallum, Glenise, , ,**

Mailing Address 56 Lefferts Pl

City  
BrooklynState  
NYZip Code  
11238-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Nursing RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9879234

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hicks, Stephanie, , ,**Mailing Address 955 Evergreen Ave  
Apt 23City  
BronxState  
NYZip Code  
10473-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881171

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1216 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hicks, Stephanie, , ,**Mailing Address 955 Evergreen Ave  
Apt 23City  
BronxState  
NYZip Code  
10473-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881172

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hicks, Stephanie, , ,**Mailing Address 955 Evergreen Ave  
Apt 23City  
BronxState  
NYZip Code  
10473-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876243

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hicks, Stephanie, , ,**Mailing Address 955 Evergreen Ave  
Apt 23City  
BronxState  
NYZip Code  
10473-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881169

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1217 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hicks, Stephanie, , ,**Mailing Address 955 Evergreen Ave  
Apt 23City  
BronxState  
NYZip Code  
10473-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876244

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hicks, Stephanie, , ,**Mailing Address 955 Evergreen Ave  
Apt 23City  
BronxState  
NYZip Code  
10473-4508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881170

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Highsmith, Diana, , ,**Mailing Address 2705 Colden Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10469-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881234

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1218 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Highsmith, Diana, , ,**Mailing Address 2705 Colden Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10469-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Highsmith, Diana, , ,**Mailing Address 2705 Colden Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10469-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881237

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Highsmith, Diana, , ,**Mailing Address 2705 Colden Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10469-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881238

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1219 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Highsmith, Diana, , ,**Mailing Address 2705 Colden Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10469-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876266

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Highsmith, Diana, , ,**Mailing Address 2705 Colden Ave  
Apt 2ECity  
BronxState  
NYZip Code  
10469-4117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881233

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hilario, Charlie, , ,**Mailing Address 900 Riverside Dr  
Apt 3HCity  
New YorkState  
NYZip Code  
10032-5445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
LAUNDRY WORKER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9874650

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1220 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hilario, Charlie, , ,**Mailing Address 900 Riverside Dr  
Apt 3HCity  
New YorkState  
NYZip Code  
10032-5445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
LAUNDRY WORKER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9874651

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hilario, Charlie, , ,**Mailing Address 900 Riverside Dr  
Apt 3HCity  
New YorkState  
NYZip Code  
10032-5445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
LAUNDRY WORKER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9874652

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hilario, Charlie, , ,**Mailing Address 900 Riverside Dr  
Apt 3HCity  
New YorkState  
NYZip Code  
10032-5445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
LAUNDRY WORKER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874653

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1221 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hilario, Charlie, , ,**Mailing Address 900 Riverside Dr  
Apt 3HCity  
New YorkState  
NYZip Code  
10032-5445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
LAUNDRY WORKER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874654

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hilario, Charlie, , ,**Mailing Address 900 Riverside Dr  
Apt 3HCity  
New YorkState  
NYZip Code  
10032-5445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
LAUNDRY WORKER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874655

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, David, , ,**Mailing Address 19 Hamilton Ter  
Apt 1LCity  
New YorkState  
NYZip Code  
10031-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yeshiva UniversityOccupation (for Individual)  
Clerk Mail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882476

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1222 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hill, David, , ,**Mailing Address 19 Hamilton Ter  
Apt 1LCity  
New YorkState  
NYZip Code  
10031-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yeshiva UniversityOccupation (for Individual)  
Clerk Mail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9882477

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hill, David, , ,**Mailing Address 19 Hamilton Ter  
Apt 1LCity  
New YorkState  
NYZip Code  
10031-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yeshiva UniversityOccupation (for Individual)  
Clerk Mail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9882478

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, David, , ,**Mailing Address 19 Hamilton Ter  
Apt 1LCity  
New YorkState  
NYZip Code  
10031-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yeshiva UniversityOccupation (for Individual)  
Clerk Mail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876389

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1223 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hill, David, , ,**Mailing Address 19 Hamilton Ter  
Apt 1LCity  
New YorkState  
NYZip Code  
10031-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yeshiva UniversityOccupation (for Individual)  
Clerk Mail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9876390

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hill, David, , ,**Mailing Address 19 Hamilton Ter  
Apt 1LCity  
New YorkState  
NYZip Code  
10031-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yeshiva UniversityOccupation (for Individual)  
Clerk Mail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2025

Transaction ID : 9876391

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, Karin, , ,**

Mailing Address 5509 Cherry Hill Dr

City  
PoughkeepsieState  
NYZip Code  
12603-1787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
Maternity Specialty Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9880580

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1224 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hill, Karin, , ,**

Mailing Address 5509 Cherry Hill Dr

City

Poughkeepsie

State

NY

Zip Code

12603-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Maternity Specialty Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 12    |   | 2025        |

Transaction ID : 9880581

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hill, Karin, , ,**

Mailing Address 5509 Cherry Hill Dr

City

Poughkeepsie

State

NY

Zip Code

12603-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Maternity Specialty Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 06    |   | 2025        |

Transaction ID : 9875820

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, Karin, , ,**

Mailing Address 5509 Cherry Hill Dr

City

Poughkeepsie

State

NY

Zip Code

12603-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Maternity Specialty Technician

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 06    |   | 2025        |

Transaction ID : 9880578

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1225 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hill, Karin, , ,**

Mailing Address 5509 Cherry Hill Dr

City

Poughkeepsie

State

NY

Zip Code

12603-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Maternity Specialty Technician

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875821

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hill, Karin, , ,**

Mailing Address 5509 Cherry Hill Dr

City

Poughkeepsie

State

NY

Zip Code

12603-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Maternity Specialty Technician

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9880579

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hinayhinay, Jerry Vincent, , ,**

Mailing Address 4113 69th St

FL 1

City

Woodside

State

NY

Zip Code

11377-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Laboratory Assistant

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9880740

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1226 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hinayhinay, Jerry Vincent, , ,**Mailing Address 4113 69th St  
Fl 1City  
WoodsideState  
NYZip Code  
11377-3837FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874144

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hinayhinay, Jerry Vincent, , ,**Mailing Address 4113 69th St  
Fl 1City  
WoodsideState  
NYZip Code  
11377-3837FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9880738

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hinayhinay, Jerry Vincent, , ,**Mailing Address 4113 69th St  
Fl 1City  
WoodsideState  
NYZip Code  
11377-3837FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874145

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1227 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hinayhinay, Jerry Vincent, , ,**

Mailing Address 4113 69th St  
 Fl 1

City  
 Woodside

State  
 NY

Zip Code  
 11377-3837

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Health And Hospital Corporation-144

Occupation (for Individual)  
 Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2025

Transaction ID : 9880739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hines, Tanisha, , ,**

Mailing Address 38 Commerce Blvd

City  
 Amityville

State  
 NY

Zip Code  
 11701-1509

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 North Shore-Plainview

Occupation (for Individual)  
 Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2025

Transaction ID : 9880111

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hines, Tanisha, , ,**

Mailing Address 38 Commerce Blvd

City  
 Amityville

State  
 NY

Zip Code  
 11701-1509

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 North Shore-Plainview

Occupation (for Individual)  
 Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2025

Transaction ID : 9880112

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1228 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hines, Tanisha, , ,**

Mailing Address 38 Commerce Blvd

City  
AmityvilleState  
NYZip Code  
11701-1509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9875999

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hines, Tanisha, , ,**

Mailing Address 38 Commerce Blvd

City  
AmityvilleState  
NYZip Code  
11701-1509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9880109

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hines, Tanisha, , ,**

Mailing Address 38 Commerce Blvd

City  
AmityvilleState  
NYZip Code  
11701-1509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876000

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1229 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hines, Tanisha, , ,**

Mailing Address 38 Commerce Blvd

City  
Amityville

State  
NY

Zip Code  
11701-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-Plainview

Occupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2025

**Transaction ID : 9880110**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hobler, Todd, , ,**

Mailing Address 78 Woodward Ave

City  
Buffalo

State  
NY

Zip Code  
14214-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2025

**Transaction ID : 9880672**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hobler, Todd, , ,**

Mailing Address 78 Woodward Ave

City  
Buffalo

State  
NY

Zip Code  
14214-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2025

**Transaction ID : 9880673**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1230 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hobler, Todd, , ,**

Mailing Address 78 Woodward Ave

City  
Buffalo

State  
NY

Zip Code  
14214-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9880674**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hobler, Todd, , ,**

Mailing Address 78 Woodward Ave

City  
Buffalo

State  
NY

Zip Code  
14214-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880675**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hobler, Todd, , ,**

Mailing Address 78 Woodward Ave

City  
Buffalo

State  
NY

Zip Code  
14214-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876847**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1231 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hobler, Todd, , ,**

Mailing Address 78 Woodward Ave

City  
Buffalo

State  
NY

Zip Code  
14214-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9880671**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoffman, Caroline, , ,**

Mailing Address 4783 Back River Rd

City  
Belmont

State  
NY

Zip Code  
14813-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9873616**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoffman, Caroline, , ,**

Mailing Address 4783 Back River Rd

City  
Belmont

State  
NY

Zip Code  
14813-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9881838**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1232 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                     |             |                                                            |                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Hoffman, Caroline, , ,</b> |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 13 / 2025<br><b>Transaction ID : 9881839</b>                             |  |
| Mailing Address 4783 Back River Rd                                                                                  |             |                                                            | Amount of Each Receipt this Period<br>50.00                                                                                     |  |
| City<br>Belmont                                                                                                     | State<br>NY | Zip Code<br>14813-9736                                     | <input type="checkbox"/> Memo Item                                                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                     |             |                                                            | Aggregate Year-to-Date ▼<br>260.00                                                                                              |  |
| Name of Employer (for Individual)<br>Highland Park Rehabilitation & Nursing                                         |             | Occupation (for Individual)<br>Certified Nursing Assistant | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Hoffman, Caroline, , ,</b> |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 13 / 2025<br><b>Transaction ID : 9881840</b>                             |  |
| Mailing Address 4783 Back River Rd                                                                                  |             |                                                            | Amount of Each Receipt this Period<br>40.00                                                                                     |  |
| City<br>Belmont                                                                                                     | State<br>NY | Zip Code<br>14813-9736                                     | <input type="checkbox"/> Memo Item                                                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                     |             |                                                            | Aggregate Year-to-Date ▼<br>260.00                                                                                              |  |
| Name of Employer (for Individual)<br>Highland Park Rehabilitation & Nursing                                         |             | Occupation (for Individual)<br>Certified Nursing Assistant | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Hoffman, Caroline, , ,</b> |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 13 / 2025<br><b>Transaction ID : 9881841</b>                             |  |
| Mailing Address 4783 Back River Rd                                                                                  |             |                                                            | Amount of Each Receipt this Period<br>40.00                                                                                     |  |
| City<br>Belmont                                                                                                     | State<br>NY | Zip Code<br>14813-9736                                     | <input type="checkbox"/> Memo Item                                                                                              |  |
| FEC ID number of contributing federal political committee.<br>C                                                     |             |                                                            | Aggregate Year-to-Date ▼<br>260.00                                                                                              |  |
| Name of Employer (for Individual)<br>Highland Park Rehabilitation & Nursing                                         |             | Occupation (for Individual)<br>Certified Nursing Assistant | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                               |             |                                                            | 130.00                                                                                                                          |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                     |             |                                                            |                                                                                                                                 |  |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1233 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoffman, Caroline, , ,**

Mailing Address 4783 Back River Rd

City  
BelmontState  
NYZip Code  
14813-9736FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Park Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881842

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hofmeister, Ryan, , ,**Mailing Address 1047 Albee Farm Rd  
Apt ACity  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aspire at Venice- DietaryOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9881488

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hofmeister, Ryan, , ,**Mailing Address 1047 Albee Farm Rd  
Apt ACity  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aspire at Venice- DietaryOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881487

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1234 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hofmeister, Ryan, , ,**Mailing Address 1047 Albee Farm Rd  
Apt ACity  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aspire at Venice- DietaryOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9881489

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hofmeister, Ryan, , ,**Mailing Address 1047 Albee Farm Rd  
Apt ACity  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aspire at Venice- DietaryOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875597

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hofmeister, Ryan, , ,**Mailing Address 1047 Albee Farm Rd  
Apt ACity  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aspire at Venice- DietaryOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9881486

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1235 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882268

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882269

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874535

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1236 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm Beach

State  
FL

Zip Code  
33414-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9882265

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm Beach

State  
FL

Zip Code  
33414-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9874536

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm Beach

State  
FL

Zip Code  
33414-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9882266

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1237 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874537

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoilette, Marlyn, , ,**

Mailing Address 100 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882267

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holguin, Risaury, , ,**

Mailing Address 264 Essex St

City  
West BabylonState  
NYZip Code  
11704-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Receiving and Delivery Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880131

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1238 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holguin, Risaury, , ,**

Mailing Address 264 Essex St

City  
West BabylonState  
NYZip Code  
11704-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Receiving and Delivery Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880132

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holguin, Risaury, , ,**

Mailing Address 264 Essex St

City  
West BabylonState  
NYZip Code  
11704-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Receiving and Delivery Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9880133

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holguin, Risaury, , ,**

Mailing Address 264 Essex St

City  
West BabylonState  
NYZip Code  
11704-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Receiving and Delivery Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880134

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1239 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holquin, Risaury, , ,**

Mailing Address 264 Essex St

City  
West BabylonState  
NYZip Code  
11704-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Receiving and Delivery Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874584

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holquin, Risaury, , ,**

Mailing Address 264 Essex St

City  
West BabylonState  
NYZip Code  
11704-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Receiving and Delivery Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holland, Leroy, , ,**

Mailing Address 12 Crown St

City  
BrooklynState  
NYZip Code  
11225-1853FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Harlem Hosp Columbia Univ AffiOccupation (for Individual)  
Chief Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9873915

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1240 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holland, Leroy, , ,**

Mailing Address 12 Crown St

City  
BrooklynState  
NYZip Code  
11225-1853FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Harlem Hosp Columbia Univ AffiOccupation (for Individual)  
Chief Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879004

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holland, Leroy, , ,**

Mailing Address 12 Crown St

City  
BrooklynState  
NYZip Code  
11225-1853FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Harlem Hosp Columbia Univ AffiOccupation (for Individual)  
Chief Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873917

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holland, Leroy, , ,**

Mailing Address 12 Crown St

City  
BrooklynState  
NYZip Code  
11225-1853FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Harlem Hosp Columbia Univ AffiOccupation (for Individual)  
Chief Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9873916

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1241 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holland, Robert, , ,**Mailing Address 3 Summit Hill Way  
Apt 324City  
TroyState  
NYZip Code  
12180-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880825

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holland, Robert, , ,**Mailing Address 3 Summit Hill Way  
Apt 324City  
TroyState  
NYZip Code  
12180-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880826

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holland, Robert, , ,**Mailing Address 3 Summit Hill Way  
Apt 324City  
TroyState  
NYZip Code  
12180-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880827

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1242 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holland, Robert, , ,**Mailing Address 3 Summit Hill Way  
Apt 324City  
TroyState  
NYZip Code  
12180-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880828

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holland, Robert, , ,**Mailing Address 3 Summit Hill Way  
Apt 324City  
TroyState  
NYZip Code  
12180-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876780

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holland, Robert, , ,**Mailing Address 3 Summit Hill Way  
Apt 324City  
TroyState  
NYZip Code  
12180-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880824

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1243 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holmes, Toylanda, , ,**

Mailing Address 4520 Donatello Sq

City  
Owings MillsState  
MDZip Code  
21117-3594FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
NURSE SUPPORT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9881959

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holmes, Toylanda, , ,**

Mailing Address 4520 Donatello Sq

City  
Owings MillsState  
MDZip Code  
21117-3594FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
NURSE SUPPORT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881960

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holmes, Toylanda, , ,**

Mailing Address 4520 Donatello Sq

City  
Owings MillsState  
MDZip Code  
21117-3594FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
NURSE SUPPORT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9881961

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1244 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holmes, Toylanda, , ,**

Mailing Address 4520 Donatello Sq

City  
Owings MillsState  
MDZip Code  
21117-3594FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
NURSE SUPPORT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9881958

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holmes, Toylanda, , ,**

Mailing Address 4520 Donatello Sq

City  
Owings MillsState  
MDZip Code  
21117-3594FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
NURSE SUPPORT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9874470

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holmes, Toylanda, , ,**

Mailing Address 4520 Donatello Sq

City  
Owings MillsState  
MDZip Code  
21117-3594FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
NURSE SUPPORT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9881957

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

64.61

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1245 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holness, Alik-Maria, , ,**

Mailing Address 14734 Huxley St

City  
RosedaleState  
NYZip Code  
11422-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9882649

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holness, Alik-Maria, , ,**

Mailing Address 14734 Huxley St

City  
RosedaleState  
NYZip Code  
11422-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9882650

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holness, Alik-Maria, , ,**

Mailing Address 14734 Huxley St

City  
RosedaleState  
NYZip Code  
11422-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9874567

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1246 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holness, Alik-Maria, , ,**

Mailing Address 14734 Huxley St

City  
RosedaleState  
NYZip Code  
11422-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9882647

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holness, Alik-Maria, , ,**

Mailing Address 14734 Huxley St

City  
RosedaleState  
NYZip Code  
11422-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874568

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holness, Alik-Maria, , ,**

Mailing Address 14734 Huxley St

City  
RosedaleState  
NYZip Code  
11422-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9882648

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1247 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881857

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881858

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881859

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1248 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881861

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881862

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881860

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1249 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9876623

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881863

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876624

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1250 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876625

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9876627

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9876626

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1251 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Honore, Cassidy, , ,**

Mailing Address 84 Maple St

City  
HornellState  
NYZip Code  
14843-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Ultrasound Tech - CNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9876628

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878049

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9878041

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1252 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878050

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878042

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9878043

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1253 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9878044

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873482

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878047

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1254 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoosain, Nafiza, , ,**

Mailing Address 2065 Watson Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10472-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 05 / 2025

**Transaction ID : 9878045**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoosain, Nafiza, , ,**

Mailing Address 2065 Watson Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10472-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9873483**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoosain, Nafiza, , ,**

Mailing Address 2065 Watson Ave  
Null

City  
Bronx

State  
NY

Zip Code  
10472-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9878048**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1255 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoosain, Nafiza, , ,**Mailing Address 2065 Watson Ave  
NullCity  
BronxState  
NYZip Code  
10472-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9878046

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hopkinson, Vanita, , ,**Mailing Address 3505 Foster Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-6455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9876114

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hopkinson, Vanita, , ,**Mailing Address 3505 Foster Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-6455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9878813

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1256 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Howard-Sharper, Almarie, , ,**

Mailing Address 10318 Avenue J

City  
BrooklynState  
NYZip Code  
11236-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879176

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Howard-Sharper, Almarie, , ,**

Mailing Address 10318 Avenue J

City  
BrooklynState  
NYZip Code  
11236-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879177

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Howard-Sharper, Almarie, , ,**

Mailing Address 10318 Avenue J

City  
BrooklynState  
NYZip Code  
11236-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874540

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1257 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Howard-Sharper, Almarie, , ,**

Mailing Address 10318 Avenue J

City  
BrooklynState  
NYZip Code  
11236-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879174

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Howard-Sharper, Almarie, , ,**

Mailing Address 10318 Avenue J

City  
BrooklynState  
NYZip Code  
11236-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874541

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Howard-Sharper, Almarie, , ,**

Mailing Address 10318 Avenue J

City  
BrooklynState  
NYZip Code  
11236-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Patient Care Associate (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879175

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1258 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Howell, Nysola, , ,**Mailing Address 3408 Wright Ave  
Apt 2City  
BronxState  
NYZip Code  
10475-1577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878114

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Howell, Nysola, , ,**Mailing Address 3408 Wright Ave  
Apt 2City  
BronxState  
NYZip Code  
10475-1577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878116

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Howell, Nysola, , ,**Mailing Address 3408 Wright Ave  
Apt 2City  
BronxState  
NYZip Code  
10475-1577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878117

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1259 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Howell, Nysola, , ,**Mailing Address 3408 Wright Ave  
Apt 2City  
BronxState  
NYZip Code  
10475-1577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878118

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Howell, Nysola, , ,**Mailing Address 3408 Wright Ave  
Apt 2City  
BronxState  
NYZip Code  
10475-1577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875243

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Howell, Nysola, , ,**Mailing Address 3408 Wright Ave  
Apt 2City  
BronxState  
NYZip Code  
10475-1577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878115

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1260 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoyos, Ruben, , ,**

Mailing Address 2141 Holland Ave  
Apt 3J

City  
Bronx

State  
NY

Zip Code  
10462-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & Heal

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 29 / 2025

Transaction ID : 9873589

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoyos, Ruben, , ,**

Mailing Address 2141 Holland Ave  
Apt 3J

City  
Bronx

State  
NY

Zip Code  
10462-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & Heal

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

11 / 25 / 2025

Transaction ID : 9873590

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
Bronx

State  
NY

Zip Code  
10452-7307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

07 / 16 / 2025

Transaction ID : 9875246

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1261 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877538

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9877539

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9875247

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1262 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9875248

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9876819

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9875249

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1263 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876820

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9875250

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876821

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1264 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9875251

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hubbard-Massey, Jacqueline, , ,**

Mailing Address 35 Marcy Pl

City  
BronxState  
NYZip Code  
10452-7307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876822

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huertas, Ivette, , ,**Mailing Address 920 Vermont St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11207-8457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878759

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1265 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Huertas, Ivette, , ,**Mailing Address 920 Vermont St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11207-8457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9878760

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Huertas, Ivette, , ,**Mailing Address 920 Vermont St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11207-8457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875843

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huertas, Ivette, , ,**Mailing Address 920 Vermont St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11207-8457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9878757

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1266 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Huertas, Ivette, , ,**Mailing Address 920 Vermont St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11207-8457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875844

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Huertas, Ivette, , ,**Mailing Address 920 Vermont St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11207-8457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9878758

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Humphrey, Patricia, , ,**

Mailing Address 158 E 57th St

City  
BrooklynState  
NYZip Code  
11203-4708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878672

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1267 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Humphrey, Patricia, , ,**

Mailing Address 158 E 57th St

City  
BrooklynState  
NYZip Code  
11203-4708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878671

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Humphrey, Patricia, , ,**

Mailing Address 158 E 57th St

City  
BrooklynState  
NYZip Code  
11203-4708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873695

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Humphrey, Patricia, , ,**

Mailing Address 158 E 57th St

City  
BrooklynState  
NYZip Code  
11203-4708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878670

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1268 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hunt, Lauren, , ,**Mailing Address 3230 Steuben Ave  
Apt 22City  
BronxState  
NYZip Code  
10467-2935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MENTAL HEALTH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881150

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunt, Lauren, , ,**Mailing Address 3230 Steuben Ave  
Apt 22City  
BronxState  
NYZip Code  
10467-2935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MENTAL HEALTH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881151

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hunt, Lauren, , ,**Mailing Address 3230 Steuben Ave  
Apt 22City  
BronxState  
NYZip Code  
10467-2935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MENTAL HEALTH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876227

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1269 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hunt, Lauren, , ,**Mailing Address 3230 Steuben Ave  
Apt 22City  
BronxState  
NYZip Code  
10467-2935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MENTAL HEALTH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881148

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunt, Lauren, , ,**Mailing Address 3230 Steuben Ave  
Apt 22City  
BronxState  
NYZip Code  
10467-2935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MENTAL HEALTH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876228

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hunt, Lauren, , ,**Mailing Address 3230 Steuben Ave  
Apt 22City  
BronxState  
NYZip Code  
10467-2935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MENTAL HEALTH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881149

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1270 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hunte, Jadon, , ,**

Mailing Address 45 Ponder Ln

City  
Deer ParkState  
NYZip Code  
11729-6217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880210

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunte, Jadon, , ,**

Mailing Address 45 Ponder Ln

City  
Deer ParkState  
NYZip Code  
11729-6217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880211

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hunte, Jadon, , ,**

Mailing Address 45 Ponder Ln

City  
Deer ParkState  
NYZip Code  
11729-6217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874361

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1271 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                           |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Hunte, Jadon, , ,</b>                  |             |                                                           | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 17 / 2025<br><b>Transaction ID : 9880208</b> |  |
| Mailing Address 45 Ponder Ln                                                                                                    |             |                                                           | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Deer Park                                                                                                               | State<br>NY | Zip Code<br>11729-6217                                    | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                        |                                                                                                     |  |
| Name of Employer (for Individual)<br>Long Island Jewish Medical Center                                                          |             | Occupation (for Individual)<br>Spclst, Environmental Svcs |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                           |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Hunte, Jadon, , ,</b>                  |             |                                                           | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2025<br><b>Transaction ID : 9874362</b> |  |
| Mailing Address 45 Ponder Ln                                                                                                    |             |                                                           | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Deer Park                                                                                                               | State<br>NY | Zip Code<br>11729-6217                                    | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                        |                                                                                                     |  |
| Name of Employer (for Individual)<br>Long Island Jewish Medical Center                                                          |             | Occupation (for Individual)<br>Spclst, Environmental Svcs |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                           |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Hunte, Jadon, , ,</b>                  |             |                                                           | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2025<br><b>Transaction ID : 9880209</b> |  |
| Mailing Address 45 Ponder Ln                                                                                                    |             |                                                           | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Deer Park                                                                                                               | State<br>NY | Zip Code<br>11729-6217                                    | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                        |                                                                                                     |  |
| Name of Employer (for Individual)<br>Long Island Jewish Medical Center                                                          |             | Occupation (for Individual)<br>Spclst, Environmental Svcs |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                           |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                           | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                           |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1272 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hunter, Jovan, , ,**Mailing Address 2078 Morris Ave  
Apt 5ACity  
BronxState  
NYZip Code  
10453-3525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877557

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunter, Jovan, , ,**Mailing Address 2078 Morris Ave  
Apt 5ACity  
BronxState  
NYZip Code  
10453-3525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9877558

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hunter, Jovan, , ,**Mailing Address 2078 Morris Ave  
Apt 5ACity  
BronxState  
NYZip Code  
10453-3525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9877559

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1273 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hunter, Jovan, , ,**Mailing Address 2078 Morris Ave  
Apt 5ACity  
BronxState  
NYZip Code  
10453-3525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875782

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunter, Jovan, , ,**Mailing Address 2078 Morris Ave  
Apt 5ACity  
BronxState  
NYZip Code  
10453-3525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9877556

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huskins, Monica, , ,**

Mailing Address 1480 Nepperhan Ave

City  
YonkersState  
NYZip Code  
10703-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
UNIT CLERK (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878342

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1274 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Huskins, Monica, , ,**

Mailing Address 1480 Nepperhan Ave

City  
YonkersState  
NYZip Code  
10703-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
UNIT CLERK (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878341

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Huskins, Monica, , ,**

Mailing Address 1480 Nepperhan Ave

City  
YonkersState  
NYZip Code  
10703-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
UNIT CLERK (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9878343

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huskins, Monica, , ,**

Mailing Address 1480 Nepperhan Ave

City  
YonkersState  
NYZip Code  
10703-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
UNIT CLERK (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9878344

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1275 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Huskins, Monica, , ,**

Mailing Address 1480 Nepperhan Ave

City  
YonkersState  
NYZip Code  
10703-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
UNIT CLERK (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875134

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Huskins, Monica, , ,**

Mailing Address 1480 Nepperhan Ave

City  
YonkersState  
NYZip Code  
10703-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
UNIT CLERK (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875135

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hutchinson-Bain, Novellette, , ,**Mailing Address 3002 Voorhies Ave  
Apt 1City  
BrooklynState  
NYZip Code  
11235-1696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875845

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1276 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hutchinson-Bain, Novellette, , ,**

Mailing Address 3002 Voorhies Ave  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11235-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing Home

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9875846**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hutchinson-Bain, Novellette, , ,**

Mailing Address 3002 Voorhies Ave  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11235-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing Home

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

**Transaction ID : 9875847**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hutchinson-Bain, Novellette, , ,**

Mailing Address 3002 Voorhies Ave  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11235-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing Home

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9875848**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1277 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hutchinson-Bain, Novellette, , ,**Mailing Address 3002 Voorhies Ave  
Apt 1City  
BrooklynState  
NYZip Code  
11235-1696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875849

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hutchinson-Bain, Novellette, , ,**Mailing Address 3002 Voorhies Ave  
Apt 1City  
BrooklynState  
NYZip Code  
11235-1696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9875850

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hyde, Stephen, , ,**

Mailing Address 1908 Plaza Dr

City  
WoodbridgeState  
NJZip Code  
07095-1128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kingsbrook Jewish Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9874430

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1278 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hyde, Stephen, , ,**

Mailing Address 1908 Plaza Dr

City  
WoodbridgeState  
NJZip Code  
07095-1128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kingsbrook Jewish Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9874431

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hyde, Stephen, , ,**

Mailing Address 1908 Plaza Dr

City  
WoodbridgeState  
NJZip Code  
07095-1128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kingsbrook Jewish Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874432

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ifill, Annette, , ,**Mailing Address 431 Jefferson Ave  
Apt 3ACity  
BrooklynState  
NYZip Code  
11221-1050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9881361

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1279 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ifill, Annette, , ,**

Mailing Address 431 Jefferson Ave  
Apt 3A

City  
Brooklyn

State  
NY

Zip Code  
11221-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2025

**Transaction ID : 9881362**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ifill, Annette, , ,**

Mailing Address 431 Jefferson Ave  
Apt 3A

City  
Brooklyn

State  
NY

Zip Code  
11221-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 27 / 2025

**Transaction ID : 9881363**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ifill, Annette, , ,**

Mailing Address 431 Jefferson Ave  
Apt 3A

City  
Brooklyn

State  
NY

Zip Code  
11221-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2025

**Transaction ID : 9874146**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1280 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ifill, Annette, , ,**Mailing Address 431 Jefferson Ave  
Apt 3ACity  
BrooklynState  
NYZip Code  
11221-1050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874147

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ilfrene, Asmine, , ,**

Mailing Address 118 -44 205 St

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879442

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ilfrene, Asmine, , ,**

Mailing Address 118 -44 205 St

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879443

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1281 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ilfrene, Asmine, , ,**

Mailing Address 118 -44 205 St

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874286

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ilfrene, Asmine, , ,**

Mailing Address 118 -44 205 St

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879440

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ilfrene, Asmine, , ,**

Mailing Address 118 -44 205 St

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874287

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1282 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ilfrene, Asmine, , ,**

Mailing Address 118 -44 205 St

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879441

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Inniss, Marjorie, , ,**

Mailing Address 5942 Colonnade Dr

City  
RexState  
GAZip Code  
30273-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882787

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Inniss, Marjorie, , ,**

Mailing Address 5942 Colonnade Dr

City  
RexState  
GAZip Code  
30273-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882788

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1283 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Inniss, Marjorie, , ,**

Mailing Address 5942 Colonnade Dr

City  
Rex

State  
GA

Zip Code  
30273-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 03 / 2025

Transaction ID : 9875456

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Inniss, Marjorie, , ,**

Mailing Address 5942 Colonnade Dr

City  
Rex

State  
GA

Zip Code  
30273-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 03 / 2025

Transaction ID : 9882785

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Inniss, Marjorie, , ,**

Mailing Address 5942 Colonnade Dr

City  
Rex

State  
GA

Zip Code  
30273-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9875457

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1284 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Inniss, Marjorie, , ,**

Mailing Address 5942 Colonnade Dr

City  
RexState  
GAZip Code  
30273-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882786

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Intal, Abigail, , ,**Mailing Address 10 Radford St  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878368

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Intal, Abigail, , ,**Mailing Address 10 Radford St  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878369

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1285 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Intal, Abigail, , ,Mailing Address 10 Radford St  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878370

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Intal, Abigail, , ,Mailing Address 10 Radford St  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878371

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Intal, Abigail, , ,Mailing Address 10 Radford St  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876020

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1286 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Intal, Abigail, , ,**Mailing Address 10 Radford St  
Apt 2RCity  
YonkersState  
NYZip Code  
10705-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878367

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Inverdale, Auvil, , ,**Mailing Address 30 Scole Ave  
6JCity  
Spring ValleyState  
NYZip Code  
10977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878528

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Inverdale, Auvil, , ,**Mailing Address 30 Scole Ave  
6JCity  
Spring ValleyState  
NYZip Code  
10977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878529

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1287 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Inverdale, Auvil, , ,**Mailing Address 30 Scole Ave  
6JCity  
Spring ValleyState  
NYZip Code  
10977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878530

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Inverdale, Auvil, , ,**Mailing Address 30 Scole Ave  
6JCity  
Spring ValleyState  
NYZip Code  
10977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878531

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Inverdale, Auvil, , ,**Mailing Address 30 Scole Ave  
6JCity  
Spring ValleyState  
NYZip Code  
10977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876339

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1288 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Inverdale, Auvil, , ,**Mailing Address 30 Scale Ave  
6JCity  
Spring ValleyState  
NYZip Code  
10977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN CT/MRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876340

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Irobunda, Dandyson, , ,**Mailing Address 845 Jennings St  
Apt 2City  
BronxState  
NYZip Code  
10459-1363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873649

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Irobunda, Dandyson, , ,**Mailing Address 845 Jennings St  
Apt 2City  
BronxState  
NYZip Code  
10459-1363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9873650

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1289 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Irvin, Bonita, , ,**

Mailing Address 2064 Union St S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

07 / 15 / 2025

Transaction ID : 9882324

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Irvin, Bonita, , ,**

Mailing Address 2064 Union St S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9882325

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Irvin, Bonita, , ,**

Mailing Address 2064 Union St S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

11 / 24 / 2025

Transaction ID : 9875163

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1290 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Irvin, Bonita, , ,**

Mailing Address 2064 Union St S

City  
Saint PetersburgState  
FLZip Code  
33712-3140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882323

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Iwuala, Stella, , ,**

Mailing Address 875 N Fletcher Ave

City  
Valley StreamState  
NYZip Code  
11580-1324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879918

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Iwuala, Stella, , ,**

Mailing Address 875 N Fletcher Ave

City  
Valley StreamState  
NYZip Code  
11580-1324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879919

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Iwuala, Stella, , ,**

Mailing Address 875 N Fletcher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874391**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Iwuala, Stella, , ,**

Mailing Address 875 N Fletcher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9879916**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Iwuala, Stella, , ,**

Mailing Address 875 N Fletcher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874392**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1292 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Iwuala, Stella, , ,**

Mailing Address 875 N Fletcher Ave

City  
Valley StreamState  
NYZip Code  
11580-1324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Care Associate (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879917

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Izquierdo, Shantelle, , ,**Mailing Address 15307 Horace Harding Expy  
Apt 1ACity  
FlushingState  
NYZip Code  
11367-1263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879290

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Izquierdo, Shantelle, , ,**Mailing Address 15307 Horace Harding Expy  
Apt 1ACity  
FlushingState  
NYZip Code  
11367-1263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879291

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1293 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Izquierdo, Shantelle, , ,**Mailing Address 15307 Horace Harding Expy  
Apt 1ACity  
FlushingState  
NYZip Code  
11367-1263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9876318

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Izquierdo, Shantelle, , ,**Mailing Address 15307 Horace Harding Expy  
Apt 1ACity  
FlushingState  
NYZip Code  
11367-1263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879288

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Izquierdo, Shantelle, , ,**Mailing Address 15307 Horace Harding Expy  
Apt 1ACity  
FlushingState  
NYZip Code  
11367-1263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876319

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1294 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Izquierdo, Shantelle, , ,**Mailing Address 15307 Horace Harding Expy  
Apt 1ACity  
FlushingState  
NYZip Code  
11367-1263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879289

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
Null

City

Valley Stream

State  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879910

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
Null

City

Valley Stream

State  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879911

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1295 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9879912

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875540

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9879935

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1296 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9879913

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875541

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875542

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1297 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9879914

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9879936

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9879937

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1298 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacinthe, Adeline, , ,**Mailing Address 20 Gates Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Queens Nassau Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025**Transaction ID : 9879915**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Amal, , ,**

Mailing Address 1500 Saint Johns Pl

City  
BrooklynState  
NYZip Code  
11213-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025**Transaction ID : 9878914**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Amal, , ,**

Mailing Address 1500 Saint Johns Pl

City  
BrooklynState  
NYZip Code  
11213-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025**Transaction ID : 9878915**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1299 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Amal, , ,**

Mailing Address 1500 Saint Johns Pl

City  
BrooklynState  
NYZip Code  
11213-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878916

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Amal, , ,**

Mailing Address 1500 Saint Johns Pl

City  
BrooklynState  
NYZip Code  
11213-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9878917

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Amal, , ,**

Mailing Address 1500 Saint Johns Pl

City  
BrooklynState  
NYZip Code  
11213-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875136

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1300 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Amal, , ,**

Mailing Address 1500 Saint Johns Pl

City  
BrooklynState  
NYZip Code  
11213-6327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9878913

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Blossom, , ,**

Mailing Address 320 Marion St

City  
BrooklynState  
NYZip Code  
11233-2404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879080

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Blossom, , ,**

Mailing Address 320 Marion St

City  
BrooklynState  
NYZip Code  
11233-2404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879081

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1301 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Blossom, , ,**

Mailing Address 320 Marion St

City  
BrooklynState  
NYZip Code  
11233-2404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873957

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Blossom, , ,**

Mailing Address 320 Marion St

City  
BrooklynState  
NYZip Code  
11233-2404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879079

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Herbert, , ,**

Mailing Address 3702 Dartmouth Ave N

City  
Saint PetersburgState  
FLZip Code  
33713-7546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Heritage HskgOccupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9882350

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1302 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Herbert, , ,**

Mailing Address 3702 Dartmouth Ave N

City  
Saint Petersburg

State  
FL

Zip Code  
33713-7546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
South Heritage Hskg

Occupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**11 / 06 / 2025**

**Transaction ID : 9876344**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Herbert, , ,**

Mailing Address 3702 Dartmouth Ave N

City  
Saint Petersburg

State  
FL

Zip Code  
33713-7546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
South Heritage Hskg

Occupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**11 / 06 / 2025**

**Transaction ID : 9882349**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**07 / 15 / 2025**

**Transaction ID : 9881416**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1303 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Manuel, , ,**Mailing Address 560 Malcolm X Blvd  
Apt 5City  
New YorkState  
NYZip Code  
10037-1748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881417

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Manuel, , ,**Mailing Address 560 Malcolm X Blvd  
Apt 5City  
New YorkState  
NYZip Code  
10037-1748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9881418

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Manuel, , ,**Mailing Address 560 Malcolm X Blvd  
Apt 5City  
New YorkState  
NYZip Code  
10037-1748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881419

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1304 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9881420

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875975

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881414

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1305 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9875974**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9881413**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9875976**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1306 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Manuel, , ,**

Mailing Address 560 Malcolm X Blvd  
Apt 5

City  
New York

State  
NY

Zip Code  
10037-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9881415**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacob, Disarie, , ,**

Mailing Address 10220 Avenue J

City  
Brooklyn

State  
NY

Zip Code  
11236-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

**Transaction ID : 9873200**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacob, Disarie, , ,**

Mailing Address 10220 Avenue J

City  
Brooklyn

State  
NY

Zip Code  
11236-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boro Park Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9873201**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1307 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacobs, Lavinia, , ,**Mailing Address 1075 Castleton Ave  
Apt 5CCity  
Staten IslandState  
NYZip Code  
10310-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Lavinia, , ,**Mailing Address 1075 Castleton Ave  
Apt 5CCity  
Staten IslandState  
NYZip Code  
10310-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881427

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacobs, Lavinia, , ,**Mailing Address 1075 Castleton Ave  
Apt 5CCity  
Staten IslandState  
NYZip Code  
10310-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881428

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1308 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacobs, Lavinia, , ,**Mailing Address 1075 Castleton Ave  
Apt 5CCity  
Staten IslandState  
NYZip Code  
10310-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881429

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Lavinia, , ,**Mailing Address 1075 Castleton Ave  
Apt 5CCity  
Staten IslandState  
NYZip Code  
10310-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876766

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacobs, Lavinia, , ,**Mailing Address 1075 Castleton Ave  
Apt 5CCity  
Staten IslandState  
NYZip Code  
10310-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881425

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1309 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacobs, Toure, , ,**

Mailing Address 3321 B Decatur Ave

City  
BronxState  
NYZip Code  
10467-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Unit Secretary-MSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875888

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Toure, , ,**

Mailing Address 3321 B Decatur Ave

City  
BronxState  
NYZip Code  
10467-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Unit Secretary-MSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9875889

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacobs, Toure, , ,**

Mailing Address 3321 B Decatur Ave

City  
BronxState  
NYZip Code  
10467-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Unit Secretary-MSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9875890

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1310 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacobs, Toure, , ,**

Mailing Address 3321 B Decatur Ave

City  
BronxState  
NYZip Code  
10467-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Unit Secretary-MSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9875891

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Toure, , ,**

Mailing Address 3321 B Decatur Ave

City  
BronxState  
NYZip Code  
10467-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Unit Secretary-MSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875892

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacobs, Toure, , ,**

Mailing Address 3321 B Decatur Ave

City  
BronxState  
NYZip Code  
10467-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Unit Secretary-MSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875893

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1311 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacobs, Vinceleta, , ,**

Mailing Address 3628 Speckled Way

City  
SanfordState  
FLZip Code  
32773-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882789

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Vinceleta, , ,**

Mailing Address 3628 Speckled Way

City  
SanfordState  
FLZip Code  
32773-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882790

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacobs, Vinceleta, , ,**

Mailing Address 3628 Speckled Way

City  
SanfordState  
FLZip Code  
32773-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882791

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1312 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacobs, Vinceleta, , ,**

Mailing Address 3628 Speckled Way

City  
SanfordState  
FLZip Code  
32773-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882792

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Vinceleta, , ,**

Mailing Address 3628 Speckled Way

City  
SanfordState  
FLZip Code  
32773-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875433

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacobs, Vinceleta, , ,**

Mailing Address 3628 Speckled Way

City  
SanfordState  
FLZip Code  
32773-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875434

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1313 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jacques, Natacha, , ,**Mailing Address 13939 250th St  
Apt 1City  
RosedaleState  
NYZip Code  
11422-2113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Far Rockaway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9875617

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacques, Natacha, , ,**Mailing Address 13939 250th St  
Apt 1City  
RosedaleState  
NYZip Code  
11422-2113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Far Rockaway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875618

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jainaraine, Vadewattie, , ,**Mailing Address 12408 153rd St  
NullCity  
JamaicaState  
NYZip Code  
11434-2343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879706

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1314 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jainaraine, Vadewattie, , ,**Mailing Address 12408 153rd St  
NullCity  
JamaicaState  
NYZip Code  
11434-2343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879707

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jainaraine, Vadewattie, , ,**Mailing Address 12408 153rd St  
NullCity  
JamaicaState  
NYZip Code  
11434-2343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873423

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jainaraine, Vadewattie, , ,**Mailing Address 12408 153rd St  
NullCity  
JamaicaState  
NYZip Code  
11434-2343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879704

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1315 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jainaraine, Vadewattie, , ,**

Mailing Address 12408 153rd St

Null

City

Jamaica

State

NY

Zip Code

11434-2343

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Access Service Rep

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2025        |

**Transaction ID : 9873424**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jainaraine, Vadewattie, , ,**

Mailing Address 12408 153rd St

Null

City

Jamaica

State

NY

Zip Code

11434-2343

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Access Service Rep

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2025        |

**Transaction ID : 9879705**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City

Hyattsville

State

MD

Zip Code

20783-2424

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Adelphi Nursing &amp; Rehab Center

Occupation (for Individual)

Information Requested

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 15    |   | 2025        |

**Transaction ID : 9882741**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1316 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Jakulla, Janet, , ,</b></p> <p>Mailing Address 8522 14th Ave</p> <p>City Hyattsville State MD Zip Code 20783-2424</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Adelphi Nursing &amp; Rehab Center Occupation (for Individual) Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p> |  |  | <p>Date of Receipt</p> <p><b>07 / 30 / 2025</b></p> <p><b>Transaction ID : 9882742</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Jakulla, Janet, , ,</b></p> <p>Mailing Address 8522 14th Ave</p> <p>City Hyattsville State MD Zip Code 20783-2424</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Adelphi Nursing &amp; Rehab Center Occupation (for Individual) Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p> |  |  | <p>Date of Receipt</p> <p><b>08 / 08 / 2025</b></p> <p><b>Transaction ID : 9882743</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Jakulla, Janet, , ,</b></p> <p>Mailing Address 8522 14th Ave</p> <p>City Hyattsville State MD Zip Code 20783-2424</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Adelphi Nursing &amp; Rehab Center Occupation (for Individual) Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p> |  |  | <p>Date of Receipt</p> <p><b>08 / 26 / 2025</b></p> <p><b>Transaction ID : 9882744</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  | <p>30.00</p>                                                                                                                                                                         |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | <p></p>                                                                                                                                                                              |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1317 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
HyattsvilleState  
MDZip Code  
20783-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab CenterOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9882745

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
HyattsvilleState  
MDZip Code  
20783-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab CenterOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874796

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
HyattsvilleState  
MDZip Code  
20783-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab CenterOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9882738

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1318 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
Hyattsville

State  
MD

Zip Code  
20783-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab Center

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9874797**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
Hyattsville

State  
MD

Zip Code  
20783-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab Center

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9882739**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
Hyattsville

State  
MD

Zip Code  
20783-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab Center

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 02 / 2025

**Transaction ID : 9874798**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1319 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jakulla, Janet, , ,**

Mailing Address 8522 14th Ave

City  
HyattsvilleState  
MDZip Code  
20783-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelphi Nursing & Rehab CenterOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9882740

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jalloh, Hawa, , ,**Mailing Address 320 E 159th St  
Apt 2JCity  
BronxState  
NYZip Code  
10451-4373FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876711

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jalloh, Hawa, , ,**Mailing Address 320 E 159th St  
Apt 2JCity  
BronxState  
NYZip Code  
10451-4373FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876712

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1320 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Anetta, , ,**

Mailing Address 725 E 181st St  
Apt 3A

City  
Bronx

State  
NY

Zip Code  
10457-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)

Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2025

**Transaction ID : 9877633**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. James, Anetta, , ,**

Mailing Address 725 E 181st St  
Apt 3A

City  
Bronx

State  
NY

Zip Code  
10457-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)

Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 20 / 2025

**Transaction ID : 9877634**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Anetta, , ,**

Mailing Address 725 E 181st St  
Apt 3A

City  
Bronx

State  
NY

Zip Code  
10457-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)

Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 16 / 2025

**Transaction ID : 9877635**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1321 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Anetta, , ,**Mailing Address 725 E 181st St  
Apt 3ACity  
BronxState  
NYZip Code  
10457-2767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9875915

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. James, Anetta, , ,**Mailing Address 725 E 181st St  
Apt 3ACity  
BronxState  
NYZip Code  
10457-2767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9877632

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Anetta, , ,**Mailing Address 725 E 181st St  
Apt 3ACity  
BronxState  
NYZip Code  
10457-2767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion (RN)Occupation (for Individual)  
REGISTERED NURSE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875916

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1322 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Joe Ann, , ,**

Mailing Address 123 N Edgewood St

City  
BaltimoreState  
MDZip Code  
21229-3021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Sitter Nursing Aide Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882774

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. James, Joe Ann, , ,**

Mailing Address 123 N Edgewood St

City  
BaltimoreState  
MDZip Code  
21229-3021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Sitter Nursing Aide Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882775

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Joe Ann, , ,**

Mailing Address 123 N Edgewood St

City  
BaltimoreState  
MDZip Code  
21229-3021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Sitter Nursing Aide Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9882776

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1323 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Joe Ann, , ,**

Mailing Address 123 N Edgewood St

City  
Baltimore

State  
MD

Zip Code  
21229-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Sitter Nursing Aide Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9882773**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. James, Joe Ann, , ,**

Mailing Address 123 N Edgewood St

City  
Baltimore

State  
MD

Zip Code  
21229-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Sitter Nursing Aide Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9873975**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Joe Ann, , ,**

Mailing Address 123 N Edgewood St

City  
Baltimore

State  
MD

Zip Code  
21229-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Sitter Nursing Aide Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9882772**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1324 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Keresha, , ,**Mailing Address 631 N Terrace Ave  
Apt 1A

City

Mount Vernon

State

NY

Zip Code

10552-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric Center and R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9873363

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. James, Keresha, , ,**Mailing Address 631 N Terrace Ave  
Apt 1A

City

Mount Vernon

State

NY

Zip Code

10552-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric Center and R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9873364

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Keresha, , ,**Mailing Address 631 N Terrace Ave  
Apt 1A

City

Mount Vernon

State

NY

Zip Code

10552-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric Center and R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9873365

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1325 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Keresha, , ,**Mailing Address 631 N Terrace Ave  
Apt 1A

City

Mount Vernon

State

NY

Zip Code

10552-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric Center and R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9873366

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. James, Keresha, , ,**Mailing Address 631 N Terrace Ave  
Apt 1A

City

Mount Vernon

State

NY

Zip Code

10552-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric Center and R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9873367

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Keresha, , ,**Mailing Address 631 N Terrace Ave  
Apt 1A

City

Mount Vernon

State

NY

Zip Code

10552-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric Center and R

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873368

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1326 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Janney, Arthur, , ,**

Mailing Address 191 Linden Ave

City  
Red HookState  
NYZip Code  
12571-2802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880524

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Janney, Arthur, , ,**

Mailing Address 191 Linden Ave

City  
Red HookState  
NYZip Code  
12571-2802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9880523

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Janney, Arthur, , ,**

Mailing Address 191 Linden Ave

City  
Red HookState  
NYZip Code  
12571-2802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875935

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1327 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Janney, Arthur, , ,**

Mailing Address 191 Linden Ave

City  
Red HookState  
NYZip Code  
12571-2802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880521

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Janney, Arthur, , ,**

Mailing Address 191 Linden Ave

City  
Red HookState  
NYZip Code  
12571-2802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875936

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Janney, Arthur, , ,**

Mailing Address 191 Linden Ave

City  
Red HookState  
NYZip Code  
12571-2802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
HOUSEKEEPING AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880522

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1328 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jansen-Robinson, Barbara, , ,**Mailing Address 506 Ralph Ave  
FI 1City  
BrooklynState  
NYZip Code  
11233-4405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880716

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jansen-Robinson, Barbara, , ,**Mailing Address 506 Ralph Ave  
FI 1City  
BrooklynState  
NYZip Code  
11233-4405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880717

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jansen-Robinson, Barbara, , ,**Mailing Address 506 Ralph Ave  
FI 1City  
BrooklynState  
NYZip Code  
11233-4405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873402

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1329 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jansen-Robinson, Barbara, , ,**Mailing Address 506 Ralph Ave  
Fl 1City  
BrooklynState  
NYZip Code  
11233-4405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880715

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jardine, Francklin, , ,**Mailing Address 5455 Kings Hwy  
Apt 5JCity  
BrooklynState  
NYZip Code  
11203-6007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Upper East Side Rehabilitation &amp; Nursi

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9878716

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jardine, Francklin, , ,**Mailing Address 5455 Kings Hwy  
Apt 5JCity  
BrooklynState  
NYZip Code  
11203-6007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Upper East Side Rehabilitation &amp; Nursi

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878717

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1330 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jardine, Francklin, , ,**Mailing Address 5455 Kings Hwy  
Apt 5JCity  
BrooklynState  
NYZip Code  
11203-6007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upper East Side Rehabilitation & NursiOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873507

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jardine, Francklin, , ,**Mailing Address 5455 Kings Hwy  
Apt 5JCity  
BrooklynState  
NYZip Code  
11203-6007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upper East Side Rehabilitation & NursiOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9878714

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jardine, Francklin, , ,**Mailing Address 5455 Kings Hwy  
Apt 5JCity  
BrooklynState  
NYZip Code  
11203-6007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upper East Side Rehabilitation & NursiOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9873508

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1331 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jardine, Francklin, , ,**Mailing Address 5455 Kings Hwy  
Apt 5JCity  
BrooklynState  
NYZip Code  
11203-6007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upper East Side Rehabilitation & NursiOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9878715

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878093

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9878076

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1332 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876302

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876303

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878075

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1333 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jarvis, Gloria, , ,**

Mailing Address 100 De Kruif Pl  
Apt 30C

City  
Bronx

State  
NY

Zip Code  
10475-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9878077**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jarvis, Gloria, , ,**

Mailing Address 100 De Kruif Pl  
Apt 30C

City  
Bronx

State  
NY

Zip Code  
10475-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9876304**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jarvis, Gloria, , ,**

Mailing Address 100 De Kruif Pl  
Apt 30C

City  
Bronx

State  
NY

Zip Code  
10475-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

**Transaction ID : 9878078**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1334 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876305

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878079

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jarvis, Gloria, , ,**Mailing Address 100 De Kruif Pl  
Apt 30CCity  
BronxState  
NYZip Code  
10475-2406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876306

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1335 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jawed, Salim J, , ,**

Mailing Address 14354 Roosevelt Ave

City  
FlushingState  
NYZip Code  
11354-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9879247

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jawed, Salim J, , ,**

Mailing Address 14354 Roosevelt Ave

City  
FlushingState  
NYZip Code  
11354-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9879248

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jawed, Salim J, , ,**

Mailing Address 14354 Roosevelt Ave

City  
FlushingState  
NYZip Code  
11354-6148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9874565

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1336 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jawed, Salim J, , ,**

Mailing Address 14354 Roosevelt Ave

City  
Flushing

State  
NY

Zip Code  
11354-6148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore

Occupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

**Transaction ID : 9879245**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jawed, Salim J, , ,**

Mailing Address 14354 Roosevelt Ave

City  
Flushing

State  
NY

Zip Code  
11354-6148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore

Occupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9874566**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jawed, Salim J, , ,**

Mailing Address 14354 Roosevelt Ave

City  
Flushing

State  
NY

Zip Code  
11354-6148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore

Occupation (for Individual)  
Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9879246**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1337 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines City

State  
FL

Zip Code  
33844-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9882361

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines City

State  
FL

Zip Code  
33844-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9882362

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines City

State  
FL

Zip Code  
33844-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9875325

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1338 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines CityState  
FLZip Code  
33844-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882358

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines CityState  
FLZip Code  
33844-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875326

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines CityState  
FLZip Code  
33844-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882359

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1339 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines CityState  
FLZip Code  
33844-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875327

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Jacques, Metilet, , ,**

Mailing Address 912 S 16th St

City  
Haines CityState  
FLZip Code  
33844-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882360

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Louis, Marie, , ,**

Mailing Address 880 W Lake Ave

City  
RahwayState  
NJZip Code  
07065-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9881633

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1340 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Louis, Marie, , ,**

Mailing Address 880 W Lake Ave

City  
RahwayState  
NJZip Code  
07065-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9881634

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Louis, Marie, , ,**

Mailing Address 880 W Lake Ave

City  
RahwayState  
NJZip Code  
07065-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873651

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Louis, Marie, , ,**

Mailing Address 880 W Lake Ave

City  
RahwayState  
NJZip Code  
07065-1619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9881631

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1341 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Louis, Marie, , ,**

Mailing Address 880 W Lake Ave

City  
Rahway

State  
NJ

Zip Code  
07065-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9873652**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Louis, Marie, , ,**

Mailing Address 880 W Lake Ave

City  
Rahway

State  
NJ

Zip Code  
07065-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9881632**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Philippe, Neurla, , ,**

Mailing Address 273 Keller Ave

Null

City  
Elmont

State  
NY

Zip Code  
11003-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Jewish Geriatric Institute

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

**Transaction ID : 9878583**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1342 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Philippe, Neurla, , ,**

Mailing Address 273 Keller Ave  
Null

City  
Elmont

State  
NY

Zip Code  
11003-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Jewish Geriatric Institute

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

**Transaction ID : 9878584**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Philippe, Neurla, , ,**

Mailing Address 273 Keller Ave  
Null

City  
Elmont

State  
NY

Zip Code  
11003-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Jewish Geriatric Institute

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9878585**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Philippe, Neurla, , ,**

Mailing Address 273 Keller Ave  
Null

City  
Elmont

State  
NY

Zip Code  
11003-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Jewish Geriatric Institute

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9878586**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1343 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Philippe, Neurla, , ,**Mailing Address 273 Keller Ave  
NullCity  
ElmontState  
NYZip Code  
11003-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Jewish Geriatric InstituteOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874352

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Philippe, Neurla, , ,**Mailing Address 273 Keller Ave  
NullCity  
ElmontState  
NYZip Code  
11003-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Jewish Geriatric InstituteOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878582

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Pierre, Lydevine, , ,**Mailing Address 9907 Avenue J  
FI 1City  
BrooklynState  
NYZip Code  
11236-4015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880710

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1344 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Pierre, Lydevine, , ,**Mailing Address 9907 Avenue J  
FI 1City  
BrooklynState  
NYZip Code  
11236-4015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880711

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Pierre, Lydevine, , ,**Mailing Address 9907 Avenue J  
FI 1City  
BrooklynState  
NYZip Code  
11236-4015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9874478

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Pierre, Lydevine, , ,**Mailing Address 9907 Avenue J  
FI 1City  
BrooklynState  
NYZip Code  
11236-4015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential RehabOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880713

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1345 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean Pierre, Lydevine, , ,**

Mailing Address 9907 Avenue J  
FI 1

City  
Brooklyn

State  
NY

Zip Code  
11236-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential Rehab

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9874479

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean Pierre, Lydevine, , ,**

Mailing Address 9907 Avenue J  
FI 1

City  
Brooklyn

State  
NY

Zip Code  
11236-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential Rehab

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9880714

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean Pierre, Lydevine, , ,**

Mailing Address 9907 Avenue J  
FI 1

City  
Brooklyn

State  
NY

Zip Code  
11236-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus Garvey Residential Rehab

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 05 / 2025

Transaction ID : 9880712

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1346 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
Westbury

State  
NY

Zip Code  
11590-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2025

Transaction ID : 9879986

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
Westbury

State  
NY

Zip Code  
11590-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 23 / 2025

Transaction ID : 9879975

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
Westbury

State  
NY

Zip Code  
11590-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9879987

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1347 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
WestburyState  
NYZip Code  
11590-3831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879976

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
WestburyState  
NYZip Code  
11590-3831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9879977

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
WestburyState  
NYZip Code  
11590-3831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9879988

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1348 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
Westbury

State  
NY

Zip Code  
11590-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 21 / 2025

Transaction ID : 9879978

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
Westbury

State  
NY

Zip Code  
11590-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 12 / 2025

Transaction ID : 9879979

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
Westbury

State  
NY

Zip Code  
11590-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 18 / 2025

Transaction ID : 9873696

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1349 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
WestburyState  
NYZip Code  
11590-3831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9879985

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Marc, , ,**

Mailing Address 168 Urban Ave

City  
WestburyState  
NYZip Code  
11590-3831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9879980

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Martine, , ,**

Mailing Address 2759 S Evergreen Cir

City  
Boynton BeachState  
FLZip Code  
33426-8657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874735

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1350 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Martine, , ,**

Mailing Address 2759 S Evergreen Cir

City  
Boynton BeachState  
FLZip Code  
33426-8657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874736

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Martine, , ,**

Mailing Address 2759 S Evergreen Cir

City  
Boynton BeachState  
FLZip Code  
33426-8657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874737

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Widson, , ,**Mailing Address 354 E 21st St  
Apt 2GCity  
BrooklynState  
NYZip Code  
11226-8320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Cancer Corp of New YorkOccupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879019

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1351 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Widson, , ,**

Mailing Address 354 E 21st St  
Apt 2G

City  
Brooklyn

State  
NY

Zip Code  
11226-8320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Cancer Corp of New York

Occupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2025

**Transaction ID : 9879020**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Widson, , ,**

Mailing Address 354 E 21st St  
Apt 2G

City  
Brooklyn

State  
NY

Zip Code  
11226-8320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Cancer Corp of New York

Occupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2025

**Transaction ID : 9874001**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Widson, , ,**

Mailing Address 354 E 21st St  
Apt 2G

City  
Brooklyn

State  
NY

Zip Code  
11226-8320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Cancer Corp of New York

Occupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2025

**Transaction ID : 9879017**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1352 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Widson, , ,**Mailing Address 354 E 21st St  
Apt 2GCity  
BrooklynState  
NYZip Code  
11226-8320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Cancer Corp of New YorkOccupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9874002**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean, Widson, , ,**Mailing Address 354 E 21st St  
Apt 2GCity  
BrooklynState  
NYZip Code  
11226-8320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Cancer Corp of New YorkOccupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9879018**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean, Winchel, , ,**

Mailing Address 128 29th St

City  
BrooklynState  
NYZip Code  
11232-1738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn Center for Rehab HealthcareOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025**Transaction ID : 9874039**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1353 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean, Winchel, , ,**

Mailing Address 128 29th St

City  
BrooklynState  
NYZip Code  
11232-1738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn Center for Rehab HealthcareOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874040

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean-Joseph, Zachary, , ,**

Mailing Address 887 E 95th St

City  
BrooklynState  
NYZip Code  
11236-2005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879180

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean-Joseph, Zachary, , ,**

Mailing Address 887 E 95th St

City  
BrooklynState  
NYZip Code  
11236-2005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875735

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1354 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jean-Joseph, Zachary, , ,**

Mailing Address 887 E 95th St

City  
BrooklynState  
NYZip Code  
11236-2005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879179

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jean-Joseph, Zachary, , ,**

Mailing Address 887 E 95th St

City  
BrooklynState  
NYZip Code  
11236-2005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875734

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jean-Joseph, Zachary, , ,**

Mailing Address 887 E 95th St

City  
BrooklynState  
NYZip Code  
11236-2005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9879178

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1355 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jennings, Erica, , ,**

Mailing Address 701 Willoughby Ave  
Apt 6A

City  
Brooklyn

State  
NY

Zip Code  
11206-6959

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9880814**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jennings, Erica, , ,**

Mailing Address 701 Willoughby Ave  
Apt 6A

City  
Brooklyn

State  
NY

Zip Code  
11206-6959

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9880813**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jennings, Erica, , ,**

Mailing Address 701 Willoughby Ave  
Apt 6A

City  
Brooklyn

State  
NY

Zip Code  
11206-6959

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9873682**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1356 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jennings, Erica, , ,**Mailing Address 701 Willoughby Ave  
Apt 6ACity  
BrooklynState  
NYZip Code  
11206-6959FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880812

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jerome, Syje, , ,**Mailing Address 938 Balboa Ave  
NullCity  
Capitol HeightsState  
MDZip Code  
20743-3935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9881934

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jerome, Syje, , ,**Mailing Address 938 Balboa Ave  
NullCity  
Capitol HeightsState  
MDZip Code  
20743-3935FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881935

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1357 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jerome, Syje, , ,**

Mailing Address 938 Balboa Ave

Null

City

Capitol Heights

State

MD

Zip Code

20743-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medstar Georgetown Medical Center

Occupation (for Individual)

Food Service Worker II

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9881936

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jerome, Syje, , ,**

Mailing Address 938 Balboa Ave

Null

City

Capitol Heights

State

MD

Zip Code

20743-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medstar Georgetown Medical Center

Occupation (for Individual)

Food Service Worker II

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874395

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jerome, Syje, , ,**

Mailing Address 938 Balboa Ave

Null

City

Capitol Heights

State

MD

Zip Code

20743-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medstar Georgetown Medical Center

Occupation (for Individual)

Food Service Worker II

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9881933

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1358 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jeronimo Rosario, Debora, , ,**Mailing Address 14 W 102nd St  
Apt 2ACity  
New YorkState  
NYZip Code  
10025-4703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9875933

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jeronimo Rosario, Debora, , ,**Mailing Address 14 W 102nd St  
Apt 2ACity  
New YorkState  
NYZip Code  
10025-4703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875934

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jeudy, Amber-Starr, , ,**

Mailing Address 114 Shepherd Ave

City  
BrooklynState  
NYZip Code  
11208-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MEDICAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878765

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1359 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jeudy, Amber-Starr, , ,**

Mailing Address 114 Shepherd Ave

City  
BrooklynState  
NYZip Code  
11208-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MEDICAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878764

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jeudy, Amber-Starr, , ,**

Mailing Address 114 Shepherd Ave

City  
BrooklynState  
NYZip Code  
11208-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MEDICAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875371

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jeudy, Amber-Starr, , ,**

Mailing Address 114 Shepherd Ave

City  
BrooklynState  
NYZip Code  
11208-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MEDICAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878762

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1360 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jeudy, Amber-Starr, , ,**

Mailing Address 114 Shepherd Ave

City  
BrooklynState  
NYZip Code  
11208-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MEDICAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875372

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jeudy, Amber-Starr, , ,**

Mailing Address 114 Shepherd Ave

City  
BrooklynState  
NYZip Code  
11208-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MEDICAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9878763

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jimenez, Nathalie, , ,**Mailing Address 21 Wildey St  
Apt 206City  
TarrytownState  
NYZip Code  
10591-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881567

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1361 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jimenez, Nathalie, , ,**Mailing Address 21 Wildey St  
Apt 206City  
TarrytownState  
NYZip Code  
10591-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881568

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jimenez, Nathalie, , ,**Mailing Address 21 Wildey St  
Apt 206City  
TarrytownState  
NYZip Code  
10591-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9881569

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jimenez, Nathalie, , ,**Mailing Address 21 Wildey St  
Apt 206City  
TarrytownState  
NYZip Code  
10591-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881570

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1362 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jimenez, Nathalie, , ,**Mailing Address 21 Wildey St  
Apt 206City  
TarrytownState  
NYZip Code  
10591-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874675

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jimenez, Nathalie, , ,**Mailing Address 21 Wildey St  
Apt 206City  
TarrytownState  
NYZip Code  
10591-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881566

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jimenez, Rebecca, , ,**Mailing Address 1436 Beach Ave  
Apt 4City  
BronxState  
NYZip Code  
10460-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9877713

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1363 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jimenez, Rebecca, , ,**Mailing Address 1436 Beach Ave  
Apt 4City  
BronxState  
NYZip Code  
10460-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877714

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jimenez, Rebecca, , ,**Mailing Address 1436 Beach Ave  
Apt 4City  
BronxState  
NYZip Code  
10460-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9873924

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jimenez, Rebecca, , ,**Mailing Address 1436 Beach Ave  
Apt 4City  
BronxState  
NYZip Code  
10460-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9877715

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1364 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jimenez, Rebecca, , ,**Mailing Address 1436 Beach Ave  
Apt 4City  
BronxState  
NYZip Code  
10460-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873925

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jimenez, Rebecca, , ,**Mailing Address 1436 Beach Ave  
Apt 4City  
BronxState  
NYZip Code  
10460-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9873926

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. John, Jayan, , ,**

Mailing Address 521 N 3rd St

City  
New Hyde ParkState  
NYZip Code  
11040-2831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878611

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1365 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. John, Jayan, , ,**

Mailing Address 521 N 3rd St

City

New Hyde Park

State

NY

Zip Code

11040-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale Hospital Medical Center (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9878612

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. John, Jayan, , ,**

Mailing Address 521 N 3rd St

City

New Hyde Park

State

NY

Zip Code

11040-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale Hospital Medical Center (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873961

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. John, Jayan, , ,**

Mailing Address 521 N 3rd St

City

New Hyde Park

State

NY

Zip Code

11040-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale Hospital Medical Center (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878610

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1366 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Eric, , ,**Mailing Address 192 32nd St  
Apt 1City  
BrooklynState  
NYZip Code  
11232-1836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880856

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Eric, , ,**Mailing Address 192 32nd St  
Apt 1City  
BrooklynState  
NYZip Code  
11232-1836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Eric, , ,**Mailing Address 192 32nd St  
Apt 1City  
BrooklynState  
NYZip Code  
11232-1836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880858

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1367 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Eric, , ,**Mailing Address 192 32nd St  
Apt 1City  
BrooklynState  
NYZip Code  
11232-1836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880859

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Eric, , ,**Mailing Address 192 32nd St  
Apt 1City  
BrooklynState  
NYZip Code  
11232-1836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880860

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Eric, , ,**Mailing Address 192 32nd St  
Apt 1City  
BrooklynState  
NYZip Code  
11232-1836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874233

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1368 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Eric, , ,**

Mailing Address 192 32nd St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11232-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-Upgrading

Occupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874234**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Ivalyn, , ,**

Mailing Address 3333 Westland Dr

City  
Orlando

State  
FL

Zip Code  
32818-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

**Transaction ID : 9876415**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Ivalyn, , ,**

Mailing Address 3333 Westland Dr

City  
Orlando

State  
FL

Zip Code  
32818-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

**Transaction ID : 9876414**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1369 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Ivalyn, , ,

Mailing Address 3333 Westland Dr

City  
OrlandoState  
FLZip Code  
32818-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at RosewoodOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9882014

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Ivalyn, , ,

Mailing Address 3333 Westland Dr

City  
OrlandoState  
FLZip Code  
32818-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at RosewoodOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9876416

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Ivalyn, , ,

Mailing Address 3333 Westland Dr

City  
OrlandoState  
FLZip Code  
32818-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at RosewoodOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9876417

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1370 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Ivalyn, , ,**

Mailing Address 3333 Westland Dr

City  
OrlandoState  
FLZip Code  
32818-3323FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Aviata at RosewoodOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9876418

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Ivalyn, , ,**

Mailing Address 3333 Westland Dr

City  
OrlandoState  
FLZip Code  
32818-3323FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Aviata at RosewoodOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2025

Transaction ID : 9876419

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Ivalyn, , ,**

Mailing Address 3333 Westland Dr

City  
OrlandoState  
FLZip Code  
32818-3323FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Aviata at RosewoodOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9876420

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1371 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Ivalyn, , ,**

Mailing Address 3333 Westland Dr

City  
Orlando

State  
FL

Zip Code  
32818-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

**Transaction ID : 9882013**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9882909**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

**Transaction ID : 9882910**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1372 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9882911**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

**Transaction ID : 9882912**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9882908**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1373 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9882913

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9882914

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 27 / 2025

Transaction ID : 9882915

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1374 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9882916

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9882917

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9882921

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1375 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
JohnsonvilleState  
NYZip Code  
12094-3510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9882919

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
JohnsonvilleState  
NYZip Code  
12094-3510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882920

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
JohnsonvilleState  
NYZip Code  
12094-3510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9882918

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

15.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1376 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9873219**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9873221**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : 9873220**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1377 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
JohnsonvilleState  
NYZip Code  
12094-3510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873222

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
JohnsonvilleState  
NYZip Code  
12094-3510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873223

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
JohnsonvilleState  
NYZip Code  
12094-3510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian RehabilitationOccupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873224

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1378 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9873225**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9873227**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9873226**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1379 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9873228**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9873230**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Lisa, , ,**

Mailing Address 1115 Johnsonville Rd

City  
Johnsonville

State  
NY

Zip Code  
12094-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Troy Victorian Rehabilitation

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9873229**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1380 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Nadia, , ,**

Mailing Address 11228 159th St

City  
JamaicaState  
NYZip Code  
11433-3806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876038

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Nadia, , ,**

Mailing Address 11228 159th St

City  
JamaicaState  
NYZip Code  
11433-3806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9876039

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Shawna, , ,**

Mailing Address 1065 Delaware Rd

City  
BuffaloState  
NYZip Code  
14223-1063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC WilliamsvilleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881769

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

80.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1381 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Shawna, , ,**

Mailing Address 1065 Delaware Rd

City  
Buffalo

State  
NY

Zip Code  
14223-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 14 / 2025

**Transaction ID : 9881770**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Shawna, , ,**

Mailing Address 1065 Delaware Rd

City  
Buffalo

State  
NY

Zip Code  
14223-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9881768**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Shawna, , ,**

Mailing Address 1065 Delaware Rd

City  
Buffalo

State  
NY

Zip Code  
14223-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

12 / 18 / 2025

**Transaction ID : 9873196**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1382 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Shawna, , ,**

Mailing Address 1065 Delaware Rd

City  
BuffaloState  
NYZip Code  
14223-1063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC WilliamsvilleOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9873195

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City

Saint Albans

State

NY

Zip Code

11412-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9879414

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City

Saint Albans

State

NY

Zip Code

11412-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879411

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1383 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879412

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879410

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879413

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1384 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879409

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9874557

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9879463

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1385 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9874558

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9879464

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint AlbansState  
NYZip Code  
11412-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South ShoreOccupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874559

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1386 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Shelly, , ,**

Mailing Address 11502 197th St

City  
Saint Albans

State  
NY

Zip Code  
11412-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore

Occupation (for Individual)  
Certified Nursing Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9879465**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Sonia, , ,**

Mailing Address 120 Benchley Pl  
Apt 15J

City  
Bronx

State  
NY

Zip Code  
10475-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro Center

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

**Transaction ID : 9876658**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Sonia, , ,**

Mailing Address 120 Benchley Pl  
Apt 15J

City  
Bronx

State  
NY

Zip Code  
10475-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro Center

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9876659**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1387 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Tina, , ,**Mailing Address 10700 City Center Blvd  
Apt 3111City  
Pembroke PinesState  
FLZip Code  
33025-4078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9881354

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Tina, , ,**Mailing Address 10700 City Center Blvd  
Apt 3111City  
Pembroke PinesState  
FLZip Code  
33025-4078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881355

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Tina, , ,**Mailing Address 10700 City Center Blvd  
Apt 3111City  
Pembroke PinesState  
FLZip Code  
33025-4078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874496

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1388 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Tina, , ,**

Mailing Address 10700 City Center Blvd  
Apt 3111

City  
Pembroke Pines

State  
FL

Zip Code  
33025-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2025

Transaction ID : 9881351

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Tina, , ,**

Mailing Address 10700 City Center Blvd  
Apt 3111

City  
Pembroke Pines

State  
FL

Zip Code  
33025-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2025

Transaction ID : 9874497

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Tina, , ,**

Mailing Address 10700 City Center Blvd  
Apt 3111

City  
Pembroke Pines

State  
FL

Zip Code  
33025-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2025

Transaction ID : 9881352

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1389 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Tina, , ,**Mailing Address 10700 City Center Blvd  
Apt 3111City  
Pembroke PinesState  
FLZip Code  
33025-4078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874498

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Tina, , ,**Mailing Address 10700 City Center Blvd  
Apt 3111City  
Pembroke PinesState  
FLZip Code  
33025-4078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9881353

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Chiyann, , ,**Mailing Address 2724 Heath Ave  
Apt 3DCity  
BronxState  
NYZip Code  
10463-7579FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877764

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1390 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Chiyann, , ,**Mailing Address 2724 Heath Ave  
Apt 3DCity  
BronxState  
NYZip Code  
10463-7579FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877765

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Chiyann, , ,**Mailing Address 2724 Heath Ave  
Apt 3DCity  
BronxState  
NYZip Code  
10463-7579FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877766

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Chiyann, , ,**Mailing Address 2724 Heath Ave  
Apt 3DCity  
BronxState  
NYZip Code  
10463-7579FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877767

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1391 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Chiyann, , ,**

Mailing Address 2724 Heath Ave  
Apt 3D

City  
Bronx

State  
NY

Zip Code  
10463-7579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874734**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Chiyann, , ,**

Mailing Address 2724 Heath Ave  
Apt 3D

City  
Bronx

State  
NY

Zip Code  
10463-7579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9877763**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Coyuca, , ,**

Mailing Address 992 Encourte Grn

City  
Apopka

State  
FL

Zip Code  
32712-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9882002**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1392 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Coyuca, , ,**

Mailing Address 992 Encourte Grn

City  
ApopkaState  
FLZip Code  
32712-2124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876850

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Coyuca, , ,**

Mailing Address 992 Encourte Grn

City  
ApopkaState  
FLZip Code  
32712-2124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9876851

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Coyuca, , ,**

Mailing Address 992 Encourte Grn

City  
ApopkaState  
FLZip Code  
32712-2124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876852

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1393 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Coyuca, , ,**

Mailing Address 992 Encourte Grn

City  
ApopkaState  
FLZip Code  
32712-2124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876853

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Coyuca, , ,**

Mailing Address 992 Encourte Grn

City  
ApopkaState  
FLZip Code  
32712-2124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876854

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Doris, , ,**Mailing Address 2010 NE 162nd St  
Apt 4City  
North Miami BeachState  
FLZip Code  
33162-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874030

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1394 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Doris, , ,**Mailing Address 2010 NE 162nd St  
Apt 4City  
North Miami BeachState  
FLZip Code  
33162-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874031

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Doris, , ,**Mailing Address 2010 NE 162nd St  
Apt 4City  
North Miami BeachState  
FLZip Code  
33162-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874032

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Doris, , ,**Mailing Address 2010 NE 162nd St  
Apt 4City  
North Miami BeachState  
FLZip Code  
33162-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881386

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1395 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Doris, , ,**

Mailing Address 2010 NE 162nd St  
Apt 4

City  
North Miami Beach

State  
FL

Zip Code  
33162-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9881387**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Doris, , ,**

Mailing Address 2010 NE 162nd St  
Apt 4

City  
North Miami Beach

State  
FL

Zip Code  
33162-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9881388**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Doris, , ,**

Mailing Address 2010 NE 162nd St  
Apt 4

City  
North Miami Beach

State  
FL

Zip Code  
33162-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9874033**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1396 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Ebony, , ,**

Mailing Address 2028 Deering Ave

City  
Baltimore

State  
MD

Zip Code  
21230-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Housekeeper Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

08 / 27 / 2025

**Transaction ID : 9873990**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Ebony, , ,**

Mailing Address 2028 Deering Ave

City  
Baltimore

State  
MD

Zip Code  
21230-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Housekeeper Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

08 / 27 / 2025

**Transaction ID : 9873991**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Ebony, , ,**

Mailing Address 2028 Deering Ave

City  
Baltimore

State  
MD

Zip Code  
21230-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Housekeeper Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 03 / 2025

**Transaction ID : 9873992**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1397 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Ebony, , ,**

Mailing Address 2028 Deering Ave

City  
BaltimoreState  
MDZip Code  
21230-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Housekeeper Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9873989

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Ebony, , ,**

Mailing Address 2028 Deering Ave

City  
BaltimoreState  
MDZip Code  
21230-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Housekeeper Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9873993

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Ebony, , ,**

Mailing Address 2028 Deering Ave

City  
BaltimoreState  
MDZip Code  
21230-1426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Housekeeper Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9873994

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1398 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881884

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881886

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881885

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1399 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881888

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881889

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881887

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1400 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9881890

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876602

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876604

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1401 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876603

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9876606

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Liam, , ,**

Mailing Address 5349 County Route 100

City  
WoodhullState  
NYZip Code  
14898-9650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Care Partner - Corning Hosp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9876605

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1402 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                            |                                                                                                     |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Jones, Liam, , ,</b>                   |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 19 / 2025<br><b>Transaction ID : 9876607</b> |  |                     |
| Mailing Address 5349 County Route 100                                                                                           |  |                                                            | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| City Woodhull                                                                                                                   |  | State NY                                                   |                                                                                                     |  | Zip Code 14898-9650 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Corning Hospital                                                                           |  | Occupation (for Individual)<br>Care Partner - Corning Hosp |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>260.00                         |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Jones, Patrice, , ,</b>                |  |                                                            |                                                                                                     |  |                     |
| Mailing Address 6507 Lehnert St                                                                                                 |  |                                                            |                                                                                                     |  |                     |
| City Gwynn Oak                                                                                                                  |  | State MD                                                   | Zip Code 21207-4228                                                                                 |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| Name of Employer (for Individual)<br>University of Maryland Midtown Campus                                                      |  | Occupation (for Individual)<br>Tech Patient Care UN        |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Jones, Patrice, , ,</b>                |  |                                                            |                                                                                                     |  |                     |
| Mailing Address 6507 Lehnert St                                                                                                 |  |                                                            |                                                                                                     |  |                     |
| City Gwynn Oak                                                                                                                  |  | State MD                                                   | Zip Code 21207-4228                                                                                 |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| Name of Employer (for Individual)<br>University of Maryland Midtown Campus                                                      |  | Occupation (for Individual)<br>Tech Patient Care UN        |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                                     |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                         |  |                                                            |                                                                                                     |  |                     |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                               |  |                                                            |                                                                                                     |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1403 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Patrice, , ,**

Mailing Address 6507 Lehnert St

City  
Gwynn OakState  
MDZip Code  
21207-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9882766

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Patrice, , ,**

Mailing Address 6507 Lehnert St

City  
Gwynn OakState  
MDZip Code  
21207-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9882763

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Patrice, , ,**

Mailing Address 6507 Lehnert St

City  
Gwynn OakState  
MDZip Code  
21207-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9874013

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1404 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Patrice, , ,**

Mailing Address 6507 Lehnert St

City  
Gwynn OakState  
MDZip Code  
21207-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown CampusOccupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9882762

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Sandra, , ,**Mailing Address 13163 231st St  
NullCity  
LaureltonState  
NYZip Code  
11413-1834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879509

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Sandra, , ,**Mailing Address 13163 231st St  
NullCity  
LaureltonState  
NYZip Code  
11413-1834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879510

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1405 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Sandra, , ,**

Mailing Address 13163 231st St

Null

City

Laurelton

State

NY

Zip Code

11413-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879511

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Sandra, , ,**

Mailing Address 13163 231st St

Null

City

Laurelton

State

NY

Zip Code

11413-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875062

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Sandra, , ,**

Mailing Address 13163 231st St

Null

City

Laurelton

State

NY

Zip Code

11413-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

NURSING

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875117

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1406 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Sandra, , ,**

Mailing Address 13163 231st St

Null

City  
LaureltonState  
NYZip Code  
11413-1834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875118

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Theresa, , ,**

Mailing Address 757 Sackman St

City  
BrooklynState  
NYZip Code  
11212-7035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873714

Amount of Each Receipt this Period

23.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Theresa, , ,**

Mailing Address 757 Sackman St

City  
BrooklynState  
NYZip Code  
11212-7035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873716

Amount of Each Receipt this Period

17.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.39

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1407 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Theresa, , ,**

Mailing Address 757 Sackman St

City  
BrooklynState  
NYZip Code  
11212-7035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878840

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Theresa, , ,**

Mailing Address 757 Sackman St

City  
BrooklynState  
NYZip Code  
11212-7035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873715

Amount of Each Receipt this Period

23.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jordan, Juliana, , ,**Mailing Address 1555 Grand Concourse  
Apt 4KCity  
BronxState  
NYZip Code  
10452-6209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SOCIAL WORKER MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881253

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1408 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jordan, Juliana, , ,**Mailing Address 1555 Grand Concourse  
Apt 4KCity  
BronxState  
NYZip Code  
10452-6209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SOCIAL WORKER MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881254

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jordan, Juliana, , ,**Mailing Address 1555 Grand Concourse  
Apt 4KCity  
BronxState  
NYZip Code  
10452-6209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SOCIAL WORKER MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876278

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jordan, Juliana, , ,**Mailing Address 1555 Grand Concourse  
Apt 4KCity  
BronxState  
NYZip Code  
10452-6209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SOCIAL WORKER MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881251

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1409 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jordan, Juliana, , ,**Mailing Address 1555 Grand Concourse  
Apt 4KCity  
BronxState  
NYZip Code  
10452-6209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SOCIAL WORKER MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876279

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jordan, Juliana, , ,**Mailing Address 1555 Grand Concourse  
Apt 4KCity  
BronxState  
NYZip Code  
10452-6209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SOCIAL WORKER MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881252

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Adelyne, , ,**

Mailing Address 67 Eddy Rd

City  
RooseveltState  
NYZip Code  
11575-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879889

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1410 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Adelyne, , ,**

Mailing Address 67 Eddy Rd

City  
RooseveltState  
NYZip Code  
11575-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879890

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Adelyne, , ,**

Mailing Address 67 Eddy Rd

City  
RooseveltState  
NYZip Code  
11575-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874372

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Adelyne, , ,**

Mailing Address 67 Eddy Rd

City  
RooseveltState  
NYZip Code  
11575-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879887

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1411 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Adelyne, , ,**

Mailing Address 67 Eddy Rd

City  
RooseveltState  
NYZip Code  
11575-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025**Transaction ID : 9874373**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Adelyne, , ,**

Mailing Address 67 Eddy Rd

City  
RooseveltState  
NYZip Code  
11575-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025**Transaction ID : 9879888**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025**Transaction ID : 9879113**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1412 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879098

Amount of Each Receipt this Period

1.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879114

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9879099

Amount of Each Receipt this Period

1.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1413 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
Brooklyn

State  
NY

Zip Code  
11234-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2025

**Transaction ID : 9879115**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
Brooklyn

State  
NY

Zip Code  
11234-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 25 / 2025

**Transaction ID : 9879100**

Amount of Each Receipt this Period

1.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
Brooklyn

State  
NY

Zip Code  
11234-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 10 / 2025

**Transaction ID : 9873438**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

41.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1414 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873439

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9879101

Amount of Each Receipt this Period

1.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Carline, , ,**

Mailing Address 2030 E 68th St

City  
BrooklynState  
NYZip Code  
11234-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873440

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

41.25

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1415 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Joseph, Chariah, , ,

Mailing Address 741 Jennings St  
Apt 3WCity  
BronxState  
NYZip Code  
10459-1243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Sterile Processing Tech (SI)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877690

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Joseph, Chariah, , ,

Mailing Address 741 Jennings St  
Apt 3WCity  
BronxState  
NYZip Code  
10459-1243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Sterile Processing Tech (SI)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877691

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Joseph, Chariah, , ,

Mailing Address 741 Jennings St  
Apt 3WCity  
BronxState  
NYZip Code  
10459-1243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Sterile Processing Tech (SI)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877692

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

51.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1416 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Chariah, , ,**

Mailing Address 741 Jennings St  
Apt 3W

City  
Bronx

State  
NY

Zip Code  
10459-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Sterile Processing Tech (SI)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9877693**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Chariah, , ,**

Mailing Address 741 Jennings St  
Apt 3W

City  
Bronx

State  
NY

Zip Code  
10459-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Sterile Processing Tech (SI)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9873642**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Chariah, , ,**

Mailing Address 741 Jennings St  
Apt 3W

City  
Bronx

State  
NY

Zip Code  
10459-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Sterile Processing Tech (SI)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9877689**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1417 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Daniel, , ,**Mailing Address 847 E 51st St  
NullCity  
BrooklynState  
NYZip Code  
11203-5927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878678

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Daniel, , ,**Mailing Address 847 E 51st St  
NullCity  
BrooklynState  
NYZip Code  
11203-5927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874211

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Daniel, , ,**Mailing Address 847 E 51st St  
NullCity  
BrooklynState  
NYZip Code  
11203-5927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9878676

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1418 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Daniel, , ,**Mailing Address 847 E 51st St  
NullCity  
BrooklynState  
NYZip Code  
11203-5927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874212

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Daniel, , ,**Mailing Address 847 E 51st St  
NullCity  
BrooklynState  
NYZip Code  
11203-5927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878677

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9877125

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1419 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9877126

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9877127

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2025

Transaction ID : 9877128

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1420 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2025

Transaction ID : 9877129

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9877130

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876751

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1421 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Geraldine, , ,**Mailing Address 661 Orangeburgh Rd  
NullCity  
River ValeState  
NJZip Code  
07675-6404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877124

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Kathiana, , ,**

Mailing Address 140 NW 77th Way

City  
Pembroke PinesState  
FLZip Code  
33024-6962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882075

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Kathiana, , ,**

Mailing Address 140 NW 77th Way

City  
Pembroke PinesState  
FLZip Code  
33024-6962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882076

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1422 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Kathiana, , ,**

Mailing Address 140 NW 77th Way

City  
Pembroke PinesState  
FLZip Code  
33024-6962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875130

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Kathiana, , ,**

Mailing Address 140 NW 77th Way

City  
Pembroke PinesState  
FLZip Code  
33024-6962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882074

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Nadege, , ,**

Mailing Address 15636 NE 2nd Ave

City  
North Miami BeachState  
FLZip Code  
33162-4239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882170

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1423 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Nadeige, , ,**

Mailing Address 15636 NE 2nd Ave

City

North Miami Beach

State

FL

Zip Code

33162-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Miami Hospital

Occupation (for Individual)

Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875137

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Nadeige, , ,**

Mailing Address 15636 NE 2nd Ave

City

North Miami Beach

State

FL

Zip Code

33162-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Miami Hospital

Occupation (for Individual)

Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882168

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Nadeige, , ,**

Mailing Address 15636 NE 2nd Ave

City

North Miami Beach

State

FL

Zip Code

33162-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Miami Hospital

Occupation (for Individual)

Certified Nursing Assistant 1 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882169

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1424 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Rebekah, , ,**

Mailing Address 1372 Harrison St

Null

City

Elmont

State

NY

Zip Code

11003-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Morningside

Occupation (for Individual)

Registered Pharmacist-STL

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878572

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Rebekah, , ,**

Mailing Address 1372 Harrison St

Null

City

Elmont

State

NY

Zip Code

11003-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Morningside

Occupation (for Individual)

Registered Pharmacist-STL

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878573

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Rebekah, , ,**

Mailing Address 1372 Harrison St

Null

City

Elmont

State

NY

Zip Code

11003-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Morningside

Occupation (for Individual)

Registered Pharmacist-STL

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875856

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1425 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Rebekah, , ,**Mailing Address 1372 Harrison St  
NullCity  
ElmontState  
NYZip Code  
11003-1933FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878570

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Rebekah, , ,**Mailing Address 1372 Harrison St  
NullCity  
ElmontState  
NYZip Code  
11003-1933FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Rebekah, , ,**Mailing Address 1372 Harrison St  
NullCity  
ElmontState  
NYZip Code  
11003-1933FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Registered Pharmacist-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878571

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1426 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Samanda, , ,**

Mailing Address 8680 208th St

City  
Queens Village

State  
NY

Zip Code  
11427-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and Health

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873830

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Samanda, , ,**

Mailing Address 8680 208th St

City  
Queens Village

State  
NY

Zip Code  
11427-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and Health

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873831

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Soeurette, , ,**

Mailing Address 1500 Roselle St  
FI 1

City  
Linden

State  
NJ

Zip Code  
07036-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aristacare @ Parkside

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2025

Transaction ID : 9880719

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1427 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joseph, Soeurette, , ,**

Mailing Address 1500 Roselle St  
 FI 1

City  
 Linden

State  
 NJ

Zip Code  
 07036-2535

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Aristacare @ Parkside

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 08 / 2025

Transaction ID : 9880720

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Soeurette, , ,**

Mailing Address 1500 Roselle St  
 FI 1

City  
 Linden

State  
 NJ

Zip Code  
 07036-2535

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Aristacare @ Parkside

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 08 / 2025

Transaction ID : 9875971

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joseph, Soeurette, , ,**

Mailing Address 1500 Roselle St  
 FI 1

City  
 Linden

State  
 NJ

Zip Code  
 07036-2535

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Aristacare @ Parkside

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 08 / 2025

Transaction ID : 9880718

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1428 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Josephson, Demaree, , ,

Mailing Address 5 High St

City  
SayvilleState  
NYZip Code  
11782-1109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Ultrasound Technol - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 14    |   | 2025        |

Transaction ID : 9880292

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Josephson, Demaree, , ,

Mailing Address 5 High St

City  
SayvilleState  
NYZip Code  
11782-1109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Ultrasound Technol - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 18    |   | 2025        |

Transaction ID : 9880293

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Josephson, Demaree, , ,

Mailing Address 5 High St

City  
SayvilleState  
NYZip Code  
11782-1109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Ultrasound Technol - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 17    |   | 2025        |

Transaction ID : 9874613

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1429 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Josephson, Demaree, , ,**

Mailing Address 5 High St

City  
Sayville

State  
NY

Zip Code  
11782-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University Hospital

Occupation (for Individual)  
Ultrasound Technol - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9880290**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Josephson, Demaree, , ,**

Mailing Address 5 High St

City  
Sayville

State  
NY

Zip Code  
11782-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University Hospital

Occupation (for Individual)  
Ultrasound Technol - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874614**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Josephson, Demaree, , ,**

Mailing Address 5 High St

City  
Sayville

State  
NY

Zip Code  
11782-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University Hospital

Occupation (for Individual)  
Ultrasound Technol - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9880291**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1430 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878543

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878544

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9875726

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1431 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley Cottage

State  
NY

Zip Code  
10989-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack Hospital

Occupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 09 / 2025

**Transaction ID : 9878558**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley Cottage

State  
NY

Zip Code  
10989-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack Hospital

Occupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 23 / 2025

**Transaction ID : 9878545**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley Cottage

State  
NY

Zip Code  
10989-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack Hospital

Occupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 07 / 2025

**Transaction ID : 9878547**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1432 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878548

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875727

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9878559

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1433 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joubert, Vanessa, , ,**

Mailing Address 709 A Route 9W

City  
Valley CottageState  
NYZip Code  
10989-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Nyack HospitalOccupation (for Individual)  
Enviro Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9878549

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Juliao, David, , ,**

Mailing Address 2 Pennsylvania Ave

City  
BrentwoodState  
NYZip Code  
11717-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Distribution Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880171

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Juliao, David, , ,**

Mailing Address 2 Pennsylvania Ave

City  
BrentwoodState  
NYZip Code  
11717-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Distribution Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880172

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1434 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Juliao, David, , ,**

Mailing Address 2 Pennsylvania Ave

City  
Brentwood

State  
NY

Zip Code  
11717-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Distribution Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874325**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Juliao, David, , ,**

Mailing Address 2 Pennsylvania Ave

City  
Brentwood

State  
NY

Zip Code  
11717-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Distribution Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9880169**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Juliao, David, , ,**

Mailing Address 2 Pennsylvania Ave

City  
Brentwood

State  
NY

Zip Code  
11717-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Distribution Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874326**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1435 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Juliao, David, , ,**

Mailing Address 2 Pennsylvania Ave

City  
Brentwood

State  
NY

Zip Code  
11717-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Distribution Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9880170**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Juste, Marceline, , ,**

Mailing Address 110 W 109th St  
Apt 1C

City  
New York

State  
NY

Zip Code  
10025-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2025

**Transaction ID : 9875928**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Juste, Marceline, , ,**

Mailing Address 110 W 109th St  
Apt 1C

City  
New York

State  
NY

Zip Code  
10025-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amsterdam Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9875929**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1436 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaba, Saran, , ,**

Mailing Address 140 Park Hill Ave  
# 5-U

City  
Staten Island

State  
NY

Zip Code  
10304-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2025

**Transaction ID : 9877409**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaba, Saran, , ,**

Mailing Address 140 Park Hill Ave  
# 5-U

City  
Staten Island

State  
NY

Zip Code  
10304-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2025

**Transaction ID : 9877410**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaba, Saran, , ,**

Mailing Address 140 Park Hill Ave  
# 5-U

City  
Staten Island

State  
NY

Zip Code  
10304-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9877411**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1437 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaba, Saran, , ,**

Mailing Address 140 Park Hill Ave  
# 5-U

City  
Staten Island

State  
NY

Zip Code  
10304-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9877412

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaba, Saran, , ,**

Mailing Address 140 Park Hill Ave  
# 5-U

City  
Staten Island

State  
NY

Zip Code  
10304-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2025

Transaction ID : 9877413

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaba, Saran, , ,**

Mailing Address 140 Park Hill Ave  
# 5-U

City  
Staten Island

State  
NY

Zip Code  
10304-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874896

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1438 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaba, Saran, , ,**Mailing Address 140 Park Hill Ave  
# 5-UCity  
Staten IslandState  
NYZip Code  
10304-4802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874897

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaba, Saran, , ,**Mailing Address 140 Park Hill Ave  
# 5-UCity  
Staten IslandState  
NYZip Code  
10304-4802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874898

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaba, Saran, , ,**Mailing Address 140 Park Hill Ave  
# 5-UCity  
Staten IslandState  
NYZip Code  
10304-4802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874899

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1439 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaba, Saran, , ,**Mailing Address 140 Park Hill Ave  
# 5-UCity  
Staten IslandState  
NYZip Code  
10304-4802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874900

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kadir, Mohamed, , ,**Mailing Address 601 Albany Ave  
Apt 4ECity  
BrooklynState  
NYZip Code  
11203-1737FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874988

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kadir, Mohamed, , ,**Mailing Address 601 Albany Ave  
Apt 4ECity  
BrooklynState  
NYZip Code  
11203-1737FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874989

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1440 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kalam, Eshika, , ,**

Mailing Address 150 Stratford Rd

City

New Hyde Park

State

NY

Zip Code

11040-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

MENTAL HEALTH CLINICIAN

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878616

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kalam, Eshika, , ,**

Mailing Address 150 Stratford Rd

City

New Hyde Park

State

NY

Zip Code

11040-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

MENTAL HEALTH CLINICIAN

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878615

Amount of Each Receipt this Period

30.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kalam, Eshika, , ,**

Mailing Address 150 Stratford Rd

City

New Hyde Park

State

NY

Zip Code

11040-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

MENTAL HEALTH CLINICIAN

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875390

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1441 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kalam, Eshika, , ,**

Mailing Address 150 Stratford Rd

City

New Hyde Park

State

NY

Zip Code

11040-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

MENTAL HEALTH CLINICIAN

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878613

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kalam, Eshika, , ,**

Mailing Address 150 Stratford Rd

City

New Hyde Park

State

NY

Zip Code

11040-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

MENTAL HEALTH CLINICIAN

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875391

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kalam, Eshika, , ,**

Mailing Address 150 Stratford Rd

City

New Hyde Park

State

NY

Zip Code

11040-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

MENTAL HEALTH CLINICIAN

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9878614

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1442 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kalashnikova, Aleksandra, , ,**Mailing Address 460 Neptune Ave  
Apt 22SCity  
BrooklynState  
NYZip Code  
11224-4328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878990

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kalashnikova, Aleksandra, , ,**Mailing Address 460 Neptune Ave  
Apt 22SCity  
BrooklynState  
NYZip Code  
11224-4328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878991

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kalashnikova, Aleksandra, , ,**Mailing Address 460 Neptune Ave  
Apt 22SCity  
BrooklynState  
NYZip Code  
11224-4328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875698

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1443 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kalashnikova, Aleksandra, , ,**Mailing Address 460 Neptune Ave  
Apt 22SCity  
BrooklynState  
NYZip Code  
11224-4328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878988

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kalashnikova, Aleksandra, , ,**Mailing Address 460 Neptune Ave  
Apt 22SCity  
BrooklynState  
NYZip Code  
11224-4328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875699

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kalashnikova, Aleksandra, , ,**Mailing Address 460 Neptune Ave  
Apt 22SCity  
BrooklynState  
NYZip Code  
11224-4328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878989

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1444 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kalukoh, Madiatu, , ,**Mailing Address 9226 195th Pl  
Apt 2City  
HollisState  
NYZip Code  
11423-2055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873837

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kandji, Fatou, , ,**Mailing Address 1371 Leland Ave  
Fl 1City  
BronxState  
NYZip Code  
10460-4001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876669

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kandji, Fatou, , ,**Mailing Address 1371 Leland Ave  
Fl 1City  
BronxState  
NYZip Code  
10460-4001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876670

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1445 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878317

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878318

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878319

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1446 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9878320

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878321

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873733

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1447 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kargbo, Hajaratu, , ,**Mailing Address 1 Alexander St  
Apt 409City  
YonkersState  
NYZip Code  
10701-7557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878316

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karim, Md Monjurul, , ,**Mailing Address 33 Robinson Ave  
Null

City

Valley Stream

State

NY

Zip Code

11580-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9879945

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karim, Md Monjurul, , ,**Mailing Address 33 Robinson Ave  
Null

City

Valley Stream

State

NY

Zip Code

11580-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9879946

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1448 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karim, Md Monjurul, , ,**Mailing Address 33 Robinson Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875800

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karim, Md Monjurul, , ,**Mailing Address 33 Robinson Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9879943

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karim, Md Monjurul, , ,**Mailing Address 33 Robinson Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875801

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1449 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karim, Md Monjurul, , ,**Mailing Address 33 Robinson Ave  
NullCity  
Valley StreamState  
NYZip Code  
11580-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9879944

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karp, Helen, , ,**

Mailing Address 328 Finger Island Rd

City  
InwoodState  
NYZip Code  
11096-1236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9878639

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karp, Helen, , ,**

Mailing Address 328 Finger Island Rd

City  
InwoodState  
NYZip Code  
11096-1236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878640

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1450 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karp, Helen, , ,**

Mailing Address 328 Finger Island Rd

City  
InwoodState  
NYZip Code  
11096-1236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 06 2025

Transaction ID : 9878641

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karp, Helen, , ,**

Mailing Address 328 Finger Island Rd

City  
InwoodState  
NYZip Code  
11096-1236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 28 2025

Transaction ID : 9878642

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karp, Helen, , ,**

Mailing Address 328 Finger Island Rd

City  
InwoodState  
NYZip Code  
11096-1236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 22 2025

Transaction ID : 9874086

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1451 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karp, Helen, , ,**

Mailing Address 328 Finger Island Rd

City  
InwoodState  
NYZip Code  
11096-1236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Episcopal-South Shore (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9878638

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877414

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877415

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1452 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877416

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877417

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9877418

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1453 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874973

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874974

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874975

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1454 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874976

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Karpeh, Jetty, , ,**

Mailing Address 33 Park Hill Ct

City  
Staten IslandState  
NYZip Code  
10304-3613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874977

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaur, Amandeep, , ,**

Mailing Address 33 Stonywood Dr

City  
CommackState  
NYZip Code  
11725-5111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880192

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1455 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaur, Amandeep, , ,**

Mailing Address 33 Stonywood Dr

City  
CommackState  
NYZip Code  
11725-5111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880193

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaur, Amandeep, , ,**

Mailing Address 33 Stonywood Dr

City  
CommackState  
NYZip Code  
11725-5111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874356

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaur, Amandeep, , ,**

Mailing Address 33 Stonywood Dr

City  
CommackState  
NYZip Code  
11725-5111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9880190

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1456 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaur, Amandeep, , ,**

Mailing Address 33 Stonywood Dr

City  
Commack

State  
NY

Zip Code  
11725-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Services Assistant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9874357

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaur, Amandeep, , ,**

Mailing Address 33 Stonywood Dr

City  
Commack

State  
NY

Zip Code  
11725-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Services Assistant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9880191

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral Springs

State  
FL

Zip Code  
33075-9286

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9882111

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1457 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral SpringsState  
FLZip Code  
33075-9286FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882112

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral SpringsState  
FLZip Code  
33075-9286FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874815

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral SpringsState  
FLZip Code  
33075-9286FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882108

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1458 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral Springs

State  
FL

Zip Code  
33075-9286

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9874817

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral Springs

State  
FL

Zip Code  
33075-9286

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9882110

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral Springs

State  
FL

Zip Code  
33075-9286

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest Hospital

Occupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9874816

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1459 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keels, Nelson, , ,**

Mailing Address PO Box 9286

City  
Coral SpringsState  
FLZip Code  
33075-9286FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882109

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Keener-Connolly, Alexander, , ,**

Mailing Address 114 Burnt Corners Rd

City  
MiddletownState  
NYZip Code  
10940-6192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878468

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keener-Connolly, Alexander, , ,**

Mailing Address 114 Burnt Corners Rd

City  
MiddletownState  
NYZip Code  
10940-6192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878469

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1460 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keener-Connolly, Alexander, , ,**

Mailing Address 114 Burnt Corners Rd

City  
MiddletownState  
NYZip Code  
10940-6192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9878470

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Keener-Connolly, Alexander, , ,**

Mailing Address 114 Burnt Corners Rd

City  
MiddletownState  
NYZip Code  
10940-6192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9878471

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keener-Connolly, Alexander, , ,**

Mailing Address 114 Burnt Corners Rd

City  
MiddletownState  
NYZip Code  
10940-6192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9874282

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1461 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keener-Connolly, Alexander, , ,**

Mailing Address 114 Burnt Corners Rd

City  
MiddletownState  
NYZip Code  
10940-6192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9878467

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelly, Melissa, , ,**Mailing Address 77 Elliott Ave  
# 4CCity  
YonkersState  
NYZip Code  
10705-2121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876432

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelly, Melissa, , ,**Mailing Address 77 Elliott Ave  
# 4CCity  
YonkersState  
NYZip Code  
10705-2121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9876433

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1462 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelly, Melissa, , ,**

Mailing Address 77 Elliott Ave  
# 4C

City  
Yonkers

State  
NY

Zip Code  
10705-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion

Occupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9876434**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelly, Melissa, , ,**

Mailing Address 77 Elliott Ave  
# 4C

City  
Yonkers

State  
NY

Zip Code  
10705-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion

Occupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9876435**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelly, Melissa, , ,**

Mailing Address 77 Elliott Ave  
# 4C

City  
Yonkers

State  
NY

Zip Code  
10705-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion

Occupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9876431**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1463 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelly, Melissa, , ,**Mailing Address 77 Elliott Ave  
# 4CCity  
YonkersState  
NYZip Code  
10705-2121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876436

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City

Staatsburg

State

NY

Zip Code

12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880526

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City

Staatsburg

State

NY

Zip Code

12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880527

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1464 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880525

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880528

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880529

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1465 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880530

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880531

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9880532

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1466 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874521

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9874520

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9874523

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1467 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9874522**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9874525**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

**Transaction ID : 9874527**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1468 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9874524

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874526

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
StaatsburgState  
NYZip Code  
12580-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874528

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1469 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9874530

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9874529

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9874532

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1470 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

12 / 18 / 2025

Transaction ID : 9874531

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

12 / 18 / 2025

Transaction ID : 9874533

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelsoe, Carl, , ,**

Mailing Address 10 Daisy Ln

City  
Staatsburg

State  
NY

Zip Code  
12580-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

12 / 29 / 2025

Transaction ID : 9874534

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1471 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kemp, Kyle, , ,**Mailing Address 485 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel BrooklynOccupation (for Individual)  
Dietary Aide-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877284

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kemp, Kyle, , ,**Mailing Address 485 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel BrooklynOccupation (for Individual)  
Dietary Aide-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877285

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kemp, Kyle, , ,**Mailing Address 485 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel BrooklynOccupation (for Individual)  
Dietary Aide-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874471

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1472 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kemp, Kyle, , ,**Mailing Address 485 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel BrooklynOccupation (for Individual)  
Dietary Aide-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877282

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kemp, Kyle, , ,**Mailing Address 485 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel BrooklynOccupation (for Individual)  
Dietary Aide-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kemp, Kyle, , ,**Mailing Address 485 Malcolm X Blvd  
NullCity  
New YorkState  
NYZip Code  
10037-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel BrooklynOccupation (for Individual)  
Dietary Aide-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877283

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1473 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kendricks, Heaven, , ,**

Mailing Address 1247 Sago Palm Blvd

City  
KissimmeeState  
FLZip Code  
34741-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9874246

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kendricks, Heaven, , ,**

Mailing Address 1247 Sago Palm Blvd

City  
KissimmeeState  
FLZip Code  
34741-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9882402

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kendricks, Heaven, , ,**

Mailing Address 1247 Sago Palm Blvd

City  
KissimmeeState  
FLZip Code  
34741-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9874247

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1474 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kendricks, Heaven, , ,**

Mailing Address 1247 Sago Palm Blvd

City  
KissimmeeState  
FLZip Code  
34741-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9882403

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kendziora, Marites, , ,**

Mailing Address 5262 Amboy Rd

City  
Staten IslandState  
NYZip Code  
10312-3933FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877474

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kendziora, Marites, , ,**

Mailing Address 5262 Amboy Rd

City  
Staten IslandState  
NYZip Code  
10312-3933FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877475

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1475 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kendziora, Marites, , ,**

Mailing Address 5262 Amboy Rd

City  
Staten Island

State  
NY

Zip Code  
10312-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9873627

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kendziora, Marites, , ,**

Mailing Address 5262 Amboy Rd

City  
Staten Island

State  
NY

Zip Code  
10312-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9877472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kendziora, Marites, , ,**

Mailing Address 5262 Amboy Rd

City  
Staten Island

State  
NY

Zip Code  
10312-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9873628

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1476 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kendziora, Marites, , ,**

Mailing Address 5262 Amboy Rd

City  
Staten IslandState  
NYZip Code  
10312-3933FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Environmental Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025**Transaction ID : 9877473**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kenner, Roberta, , ,**

Mailing Address 1886 Redwood Dr

City  
WhitehallState  
PAZip Code  
18052-4151FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025**Transaction ID : 9881907**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kenner, Roberta, , ,**

Mailing Address 1886 Redwood Dr

City  
WhitehallState  
PAZip Code  
18052-4151FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025**Transaction ID : 9881908**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1477 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kenner, Roberta, , ,**

Mailing Address 1886 Redwood Dr

City  
Whitehall

State  
PA

Zip Code  
18052-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9881909**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kenner, Roberta, , ,**

Mailing Address 1886 Redwood Dr

City  
Whitehall

State  
PA

Zip Code  
18052-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9881910**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kenner, Roberta, , ,**

Mailing Address 1886 Redwood Dr

City  
Whitehall

State  
PA

Zip Code  
18052-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876813**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1478 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kenner, Roberta, , ,**

Mailing Address 1886 Redwood Dr

City  
WhitehallState  
PAZip Code  
18052-4151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881906

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kercado, Maria, , ,**

Mailing Address 3337 Corsa Ave

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882515

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kercado, Maria, , ,**

Mailing Address 3337 Corsa Ave

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882516

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1479 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kercado, Maria, , ,**

Mailing Address 3337 Corsa Ave

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875429

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kercado, Maria, , ,**

Mailing Address 3337 Corsa Ave

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882513

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kercado, Maria, , ,**

Mailing Address 3337 Corsa Ave

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875430

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1480 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kercado, Maria, , ,**

Mailing Address 3337 Corsa Ave

City  
BronxState  
NYZip Code  
10469-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882514

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kerr, Adriana, , ,**Mailing Address 887 Proctor Rd  
NullCity  
Glen SpeyState  
NYZip Code  
12737-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880610

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerr, Adriana, , ,**Mailing Address 887 Proctor Rd  
NullCity  
Glen SpeyState  
NYZip Code  
12737-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880609

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1481 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kerr, Adriana, , ,**Mailing Address 887 Proctor Rd  
NullCity  
Glen SpeyState  
NYZip Code  
12737-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9880611

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kerr, Adriana, , ,**Mailing Address 887 Proctor Rd  
NullCity  
Glen SpeyState  
NYZip Code  
12737-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880612

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerr, Adriana, , ,**Mailing Address 887 Proctor Rd  
NullCity  
Glen SpeyState  
NYZip Code  
12737-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9874215

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1482 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kerr, Adriana, , ,**Mailing Address 887 Proctor Rd  
NullCity  
Glen SpeyState  
NYZip Code  
12737-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025**Transaction ID : 9880608**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kerr, Chavelle, , ,**

Mailing Address 11 S 10th Ave

City  
Mount VernonState  
NYZip Code  
10550-2973FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Behavioral Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025**Transaction ID : 9878214**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerr, Chavelle, , ,**

Mailing Address 11 S 10th Ave

City  
Mount VernonState  
NYZip Code  
10550-2973FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Behavioral Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025**Transaction ID : 9878215**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1483 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kerr, Chavelle, , ,**

Mailing Address 11 S 10th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Behavioral Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9878216

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kerr, Chavelle, , ,**

Mailing Address 11 S 10th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Behavioral Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9878217

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerr, Chavelle, , ,**

Mailing Address 11 S 10th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Behavioral Health Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874280

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1484 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kerr, Chavelle, , ,**

Mailing Address 11 S 10th Ave

City

Mount Vernon

State

NY

Zip Code

10550-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Vincent's Hospital-Westchester

Occupation (for Individual)

Behavioral Health Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9878213

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kim, Jina, , ,**

Mailing Address 212 E Madison Ave

Null

City

Cresskill

State

NJ

Zip Code

07626-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9881729

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kim, Jina, , ,**

Mailing Address 212 E Madison Ave

Null

City

Cresskill

State

NJ

Zip Code

07626-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875645

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1485 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kim, Jina, , ,**

Mailing Address 212 E Madison Ave

Null

City

Cresskill

State

NJ

Zip Code

07626-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9881727

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kim, Jina, , ,**

Mailing Address 212 E Madison Ave

Null

City

Cresskill

State

NJ

Zip Code

07626-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875646

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kim, Jina, , ,**

Mailing Address 212 E Madison Ave

Null

City

Cresskill

State

NJ

Zip Code

07626-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881728

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1486 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kimble, Teresa, , ,**

Mailing Address 1391 NW 55th St

City  
Miami

State  
FL

Zip Code  
33142-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

**Transaction ID : 9882128**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kimble, Teresa, , ,**

Mailing Address 1391 NW 55th St

City  
Miami

State  
FL

Zip Code  
33142-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9875125**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kimble, Teresa, , ,**

Mailing Address 1391 NW 55th St

City  
Miami

State  
FL

Zip Code  
33142-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9882126**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1487 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kimble, Teresa, , ,**

Mailing Address 1391 NW 55th St

City  
MiamiState  
FLZip Code  
33142-3125FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882127

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Edward, , ,**Mailing Address 1196 E 95th St  
NullCity  
BrooklynState  
NYZip Code  
11236-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
IMAGING TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879200

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Edward, , ,**Mailing Address 1196 E 95th St  
NullCity  
BrooklynState  
NYZip Code  
11236-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
IMAGING TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879201

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1488 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Edward, , ,**

Mailing Address 1196 E 95th St

Null

City

Brooklyn

State

NY

Zip Code

11236-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

IMAGING TECHNOLOGIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879202

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Edward, , ,**

Mailing Address 1196 E 95th St

Null

City

Brooklyn

State

NY

Zip Code

11236-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

IMAGING TECHNOLOGIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873416

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Edward, , ,**

Mailing Address 1196 E 95th St

Null

City

Brooklyn

State

NY

Zip Code

11236-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

IMAGING TECHNOLOGIST

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879199

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1489 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Edward, , ,**

Mailing Address 1196 E 95th St

Null

City

Brooklyn

State

NY

Zip Code

11236-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

IMAGING TECHNOLOGIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879203

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Maleeka, , ,**

Mailing Address 214 W 114th St

Apt 404

City

New York

State

NY

Zip Code

10026-3676

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai West

Occupation (for Individual)

Food &amp; Nutrition Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877178

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Maleeka, , ,**

Mailing Address 214 W 114th St

Apt 404

City

New York

State

NY

Zip Code

10026-3676

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai West

Occupation (for Individual)

Food &amp; Nutrition Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877179

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1490 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Maleeka, , ,**Mailing Address 214 W 114th St  
Apt 404City  
New YorkState  
NYZip Code  
10026-3676FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876559

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Maleeka, , ,**Mailing Address 214 W 114th St  
Apt 404City  
New YorkState  
NYZip Code  
10026-3676FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877176

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Maleeka, , ,**Mailing Address 214 W 114th St  
Apt 404City  
New YorkState  
NYZip Code  
10026-3676FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876560

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1491 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Maleeka, , ,**Mailing Address 214 W 114th St  
Apt 404City  
New YorkState  
NYZip Code  
10026-3676FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877177

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Rolando S., , ,**

Mailing Address 3054 83rd St

City  
East ElmhurstState  
NYZip Code  
11370-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEIU-CC, LLCOccupation (for Individual)  
Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 9876741

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Rolando S., , ,**

Mailing Address 3054 83rd St

City  
East ElmhurstState  
NYZip Code  
11370-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEIU-CC, LLCOccupation (for Individual)  
Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9876742

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1492 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                               |  |                                                                                                                 |                                                                                                                                                                |  |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. King, Rolando S., , ,</b>                            |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 28 / 2025</b><br><b>Transaction ID : 9876743</b>                                                     |  |                               |
| Mailing Address <b>3054 83rd St</b>                                                                                                           |  |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div><br><input type="checkbox"/> Memo Item |  |                               |
| City<br><b>East Elmhurst</b>                                                                                                                  |  | State<br><b>NY</b>                                                                                              |                                                                                                                                                                |  | Zip Code<br><b>11370-1919</b> |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                |  |                               |
| Name of Employer (for Individual)<br><b>SEIU-CC, LLC</b>                                                                                      |  | Occupation (for Individual)<br><b>Director of Accounting</b>                                                    |                                                                                                                                                                |  |                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div> |                                                                                                                                                                |  |                               |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. King, Rolando S., , ,</b>                            |  |                                                                                                                 |                                                                                                                                                                |  |                               |
| Mailing Address <b>3054 83rd St</b>                                                                                                           |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>12 / 26 / 2025</b><br><b>Transaction ID : 9876744</b>                                                     |  |                               |
| City<br><b>East Elmhurst</b>                                                                                                                  |  |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div><br><input type="checkbox"/> Memo Item |  |                               |
| State<br><b>NY</b>                                                                                                                            |  | Zip Code<br><b>11370-1919</b>                                                                                   |                                                                                                                                                                |  |                               |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                |  |                               |
| Name of Employer (for Individual)<br><b>SEIU-CC, LLC</b>                                                                                      |  | Occupation (for Individual)<br><b>Director of Accounting</b>                                                    |                                                                                                                                                                |  |                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div> |                                                                                                                                                                |  |                               |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. King, Tynera, , ,</b>                                |  |                                                                                                                 |                                                                                                                                                                |  |                               |
| Mailing Address <b>1960 Park Ave</b><br><b>Apt 3G</b>                                                                                         |  |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>07 / 15 / 2025</b><br><b>Transaction ID : 9877297</b>                                                     |  |                               |
| City<br><b>New York</b>                                                                                                                       |  |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div><br><input type="checkbox"/> Memo Item |  |                               |
| State<br><b>NY</b>                                                                                                                            |  | Zip Code<br><b>10037-2921</b>                                                                                   |                                                                                                                                                                |  |                               |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |  |                                                                                                                 |                                                                                                                                                                |  |                               |
| Name of Employer (for Individual)<br><b>New York Presbyterian Hospital</b>                                                                    |  | Occupation (for Individual)<br><b>Operating Room Technician II</b>                                              |                                                                                                                                                                |  |                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">220.00</div> |                                                                                                                                                                |  |                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                                        |  |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div>                                                                            |  |                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                              |  |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                  |  |                               |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1493 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Tynera, , ,**Mailing Address 1960 Park Ave  
Apt 3GCity  
New YorkState  
NYZip Code  
10037-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Operating Room Technician II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877298

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Tynera, , ,**Mailing Address 1960 Park Ave  
Apt 3GCity  
New YorkState  
NYZip Code  
10037-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Operating Room Technician II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877299

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Tynera, , ,**Mailing Address 1960 Park Ave  
Apt 3GCity  
New YorkState  
NYZip Code  
10037-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Operating Room Technician II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877300

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1494 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Tynera, , ,**Mailing Address 1960 Park Ave  
Apt 3GCity  
New YorkState  
NYZip Code  
10037-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Operating Room Technician II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874716

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Tynera, , ,**Mailing Address 1960 Park Ave  
Apt 3GCity  
New YorkState  
NYZip Code  
10037-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Operating Room Technician II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877296

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881822

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1495 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881823

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881824

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881826

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1496 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
Bath

State  
NY

Zip Code  
14810-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 03 / 2025

Transaction ID : 9881827

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
Bath

State  
NY

Zip Code  
14810-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9881825

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
Bath

State  
NY

Zip Code  
14810-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 24 / 2025

Transaction ID : 9881828

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1497 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876520

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9876521

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
BathState  
NYZip Code  
14810-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876522

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1498 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
Bath

State  
NY

Zip Code  
14810-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 20 / 2025

Transaction ID : 9876524

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
Bath

State  
NY

Zip Code  
14810-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9876523

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kinney, Shane, , ,**

Mailing Address 100 Haverling St

City  
Bath

State  
NY

Zip Code  
14810-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning Hospital

Occupation (for Individual)

Registered Nurse CNG - WKND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2025

Transaction ID : 9876525

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1499 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Klinpun-Rudnick, Wannha, , ,**Mailing Address 888 Main St  
Apt 201City  
New YorkState  
NYZip Code  
10044-0214FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Lic Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 9877314**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klinpun-Rudnick, Wannha, , ,**Mailing Address 888 Main St  
Apt 201City  
New YorkState  
NYZip Code  
10044-0214FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Lic Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025**Transaction ID : 9875737**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Klinpun-Rudnick, Wannha, , ,**Mailing Address 888 Main St  
Apt 201City  
New YorkState  
NYZip Code  
10044-0214FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Lic Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025**Transaction ID : 9877313**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1500 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Klinpun-Rudnick, Wannha, , ,**Mailing Address 888 Main St  
Apt 201City  
New YorkState  
NYZip Code  
10044-0214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Lic Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875736

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klinpun-Rudnick, Wannha, , ,**Mailing Address 888 Main St  
Apt 201City  
New YorkState  
NYZip Code  
10044-0214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Lic Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9877312

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882801

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1501 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882802

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874717

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882798

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1502 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

**Transaction ID : 9874719**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

**Transaction ID : 9882800**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

**Transaction ID : 9874718**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1503 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knighton Iii, George, , ,**

Mailing Address 2015 Portland Ave

City  
WellingtonState  
FLZip Code  
33414-8008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882799

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Knobel, Mary, , ,**Mailing Address 9201 Shore Rd  
Apt D412City  
BrooklynState  
NYZip Code  
11209-6547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882549

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knobel, Mary, , ,**Mailing Address 9201 Shore Rd  
Apt D412City  
BrooklynState  
NYZip Code  
11209-6547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882550

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1504 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knobel, Mary, , ,

Mailing Address 9201 Shore Rd  
Apt D412City  
BrooklynState  
NYZip Code  
11209-6547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 03    | / | 2025        |

Transaction ID : 9875489

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knobel, Mary, , ,

Mailing Address 9201 Shore Rd  
Apt D412City  
BrooklynState  
NYZip Code  
11209-6547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 03    | / | 2025        |

Transaction ID : 9882547

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Knobel, Mary, , ,

Mailing Address 9201 Shore Rd  
Apt D412City  
BrooklynState  
NYZip Code  
11209-6547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 04    | / | 2025        |

Transaction ID : 9875490

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1505 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knobel, Mary, , ,**Mailing Address 9201 Shore Rd  
Apt D412City  
BrooklynState  
NYZip Code  
11209-6547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882548

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Knox, Lawrence, , ,**

Mailing Address 263 Navarre Rd

City  
RochesterState  
NYZip Code  
14621-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881809

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knox, Lawrence, , ,**

Mailing Address 263 Navarre Rd

City  
RochesterState  
NYZip Code  
14621-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881810

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1506 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knox, Lawrence, , ,

Mailing Address 263 Navarre Rd

City  
RochesterState  
NYZip Code  
14621-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 22    |   | 2025        |

Transaction ID : 9881811

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knox, Lawrence, , ,

Mailing Address 263 Navarre Rd

City  
RochesterState  
NYZip Code  
14621-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2025        |

Transaction ID : 9881812

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Knox, Lawrence, , ,

Mailing Address 263 Navarre Rd

City  
RochesterState  
NYZip Code  
14621-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2025        |

Transaction ID : 9876815

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1507 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knox, Lawrence, , ,**

Mailing Address 263 Navarre Rd

City  
RochesterState  
NYZip Code  
14621-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881808

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kolodny, Ivan, , ,**Mailing Address 390 Riverside Dr  
Apt 2CCity  
New YorkState  
NYZip Code  
10025-1862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881284

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kolodny, Ivan, , ,**Mailing Address 390 Riverside Dr  
Apt 2CCity  
New YorkState  
NYZip Code  
10025-1862FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9875507

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1508 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kolodny, Ivan, , ,**

Mailing Address 390 Riverside Dr  
Apt 2C

City  
New York

State  
NY

Zip Code  
10025-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2025

Transaction ID : 9881285

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kolodny, Ivan, , ,**

Mailing Address 390 Riverside Dr  
Apt 2C

City  
New York

State  
NY

Zip Code  
10025-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2025

Transaction ID : 9875508

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kolodny, Ivan, , ,**

Mailing Address 390 Riverside Dr  
Apt 2C

City  
New York

State  
NY

Zip Code  
10025-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2025

Transaction ID : 9875509

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1509 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Komissarov, Georgy, , ,**Mailing Address 801 Amsterdam Ave  
Apt 8ECity  
New YorkState  
NYZip Code  
10025-5747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877168

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Komissarov, Georgy, , ,**Mailing Address 801 Amsterdam Ave  
Apt 8ECity  
New YorkState  
NYZip Code  
10025-5747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877169

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Komissarov, Georgy, , ,**Mailing Address 801 Amsterdam Ave  
Apt 8ECity  
New YorkState  
NYZip Code  
10025-5747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875917

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1510 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Komissarov, Georgy, , ,**Mailing Address 801 Amsterdam Ave  
Apt 8ECity  
New YorkState  
NYZip Code  
10025-5747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9877166

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Komissarov, Georgy, , ,**Mailing Address 801 Amsterdam Ave  
Apt 8ECity  
New YorkState  
NYZip Code  
10025-5747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875918

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Komissarov, Georgy, , ,**Mailing Address 801 Amsterdam Ave  
Apt 8ECity  
New YorkState  
NYZip Code  
10025-5747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9877167

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1511 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Konama, Mary, , ,**Mailing Address 120 Aldrich St  
Apt 16FCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878120

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Konama, Mary, , ,**Mailing Address 120 Aldrich St  
Apt 16FCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878122

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Konama, Mary, , ,**Mailing Address 120 Aldrich St  
Apt 16FCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878123

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1512 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Konama, Mary, , ,**Mailing Address 120 Aldrich St  
Apt 16FCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875107

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Konama, Mary, , ,**Mailing Address 120 Aldrich St  
Apt 16FCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878119

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Konama, Mary, , ,**Mailing Address 120 Aldrich St  
Apt 16FCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878121

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1513 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kontselidze, Diana, , ,**

Mailing Address 14318 22nd Ave

City  
Whitestone

State  
NY

Zip Code  
11357-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC R

Occupation (for Individual)  
REGISTERED NURSE - NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9873918**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kontselidze, Diana, , ,**

Mailing Address 14318 22nd Ave

City  
Whitestone

State  
NY

Zip Code  
11357-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC R

Occupation (for Individual)  
REGISTERED NURSE - NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 13 / 2025

**Transaction ID : 9873919**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kontselidze, Diana, , ,**

Mailing Address 14318 22nd Ave

City  
Whitestone

State  
NY

Zip Code  
11357-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC R

Occupation (for Individual)  
REGISTERED NURSE - NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 09 / 2025

**Transaction ID : 9873920**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1514 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kontselidze, Diana, , ,**

Mailing Address 14318 22nd Ave

City  
WhitestoneState  
NYZip Code  
11357-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC ROccupation (for Individual)  
REGISTERED NURSE - NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9873921

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kontselidze, Diana, , ,**

Mailing Address 14318 22nd Ave

City  
WhitestoneState  
NYZip Code  
11357-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC ROccupation (for Individual)  
REGISTERED NURSE - NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873922

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kontselidze, Diana, , ,**

Mailing Address 14318 22nd Ave

City  
WhitestoneState  
NYZip Code  
11357-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC ROccupation (for Individual)  
REGISTERED NURSE - NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9873923

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1515 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Korenski, John, , ,**

Mailing Address 45 Birch St  
Apt 18H

City  
Kingston

State  
NY

Zip Code  
12401-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880396

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Korenski, John, , ,**

Mailing Address 45 Birch St  
Apt 18H

City  
Kingston

State  
NY

Zip Code  
12401-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880397

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Korenski, John, , ,**

Mailing Address 45 Birch St  
Apt 18H

City  
Kingston

State  
NY

Zip Code  
12401-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880398

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1516 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Korenski, John, , ,**Mailing Address 45 Birch St  
Apt 18HCity  
KingstonState  
NYZip Code  
12401-1077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880399

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Korenski, John, , ,**Mailing Address 45 Birch St  
Apt 18HCity  
KingstonState  
NYZip Code  
12401-1077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880400

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Korenski, John, , ,**Mailing Address 45 Birch St  
Apt 18HCity  
KingstonState  
NYZip Code  
12401-1077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873792

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1517 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                               |             |                                                                                                                 |                                                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Korenski, John, , ,</b>                              |             |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>11</div><div>14</div><div>2025</div></div> <b>Transaction ID : 9880393</b> |  |
| Mailing Address 45 Birch St<br>Apt 18H                                                                                                        |             |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">9.24</div>                                                                      |  |
| City<br>Kingston                                                                                                                              | State<br>NY | Zip Code<br>12401-1077                                                                                          | <input type="checkbox"/> Memo Item                                                                                                                                                           |  |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |             |                                                                                                                 |                                                                                                                                                                                              |  |
| Name of Employer (for Individual)<br>Health Alliance of The Hudson Valley,                                                                    |             | Occupation (for Individual)<br>DRIVER                                                                           |                                                                                                                                                                                              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |             | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">231.00</div> |                                                                                                                                                                                              |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Korenski, John, , ,</b>                              |             |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>12</div><div>01</div><div>2025</div></div> <b>Transaction ID : 9873791</b> |  |
| Mailing Address 45 Birch St<br>Apt 18H                                                                                                        |             |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">9.24</div>                                                                      |  |
| City<br>Kingston                                                                                                                              | State<br>NY | Zip Code<br>12401-1077                                                                                          | <input type="checkbox"/> Memo Item                                                                                                                                                           |  |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |             |                                                                                                                 |                                                                                                                                                                                              |  |
| Name of Employer (for Individual)<br>Health Alliance of The Hudson Valley,                                                                    |             | Occupation (for Individual)<br>DRIVER                                                                           |                                                                                                                                                                                              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |             | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">231.00</div> |                                                                                                                                                                                              |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Korenski, John, , ,</b>                              |             |                                                                                                                 | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><div style="display: flex; justify-content: space-around;"><div>12</div><div>01</div><div>2025</div></div> <b>Transaction ID : 9880392</b> |  |
| Mailing Address 45 Birch St<br>Apt 18H                                                                                                        |             |                                                                                                                 | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; text-align: right;">9.24</div>                                                                      |  |
| City<br>Kingston                                                                                                                              | State<br>NY | Zip Code<br>12401-1077                                                                                          | <input type="checkbox"/> Memo Item                                                                                                                                                           |  |
| FEC ID number of contributing federal political committee.<br><div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> |             |                                                                                                                 |                                                                                                                                                                                              |  |
| Name of Employer (for Individual)<br>Health Alliance of The Hudson Valley,                                                                    |             | Occupation (for Individual)<br>DRIVER                                                                           |                                                                                                                                                                                              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |             | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; text-align: right;">231.00</div> |                                                                                                                                                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                                        |             |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;">27.72</div>                                                                                                           |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                              |             |                                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1518 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Korenski, John, , ,**

Mailing Address 45 Birch St  
Apt 18H

City  
Kingston

State  
NY

Zip Code  
12401-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9873794**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Korenski, John, , ,**

Mailing Address 45 Birch St  
Apt 18H

City  
Kingston

State  
NY

Zip Code  
12401-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9880395**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Korenski, John, , ,**

Mailing Address 45 Birch St  
Apt 18H

City  
Kingston

State  
NY

Zip Code  
12401-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9873793**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

27.72

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1519 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Korenski, John, , ,**Mailing Address 45 Birch St  
Apt 18HCity  
KingstonState  
NYZip Code  
12401-1077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880394

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kosakowski, Wilkayra, , ,**

Mailing Address 46 Birch St

City  
Central IslipState  
NYZip Code  
11722-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Program Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kosakowski, Wilkayra, , ,**

Mailing Address 46 Birch St

City  
Central IslipState  
NYZip Code  
11722-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Program Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9882701

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1520 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kosakowski, Wilkayra, , ,**

Mailing Address 46 Birch St

City  
Central IslipState  
NYZip Code  
11722-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Program Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876351

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kosakowski, Wilkayra, , ,**

Mailing Address 46 Birch St

City  
Central IslipState  
NYZip Code  
11722-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Program Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9882698

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kosakowski, Wilkayra, , ,**

Mailing Address 46 Birch St

City  
Central IslipState  
NYZip Code  
11722-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Program Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876352

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1521 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kosakowski, Wilkayra, , ,**

Mailing Address 46 Birch St

City  
Central IslipState  
NYZip Code  
11722-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Program Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9882699

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kostyukov, Gennady, , ,**Mailing Address 2680 W 36th St  
Apt 2City  
BrooklynState  
NYZip Code  
11224-1682FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875656

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kostyukov, Gennady, , ,**Mailing Address 2680 W 36th St  
Apt 2City  
BrooklynState  
NYZip Code  
11224-1682FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875655

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1522 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kostyukov, Gennady, , ,**

Mailing Address 2680 W 36th St  
Apt 2

City  
Brooklyn

State  
NY

Zip Code  
11224-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2025

**Transaction ID : 9875657**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kostyukov, Gennady, , ,**

Mailing Address 2680 W 36th St  
Apt 2

City  
Brooklyn

State  
NY

Zip Code  
11224-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9875658**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kotikalapudi, Surya, , ,**

Mailing Address 67 Oakwood Ave  
Null

City  
Farmingdale

State  
NY

Zip Code  
11735-5924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882704**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1523 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kotikalapudi, Surya, , ,**Mailing Address 67 Oakwood Ave  
NullCity  
FarmingdaleState  
NYZip Code  
11735-5924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874203

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kotikalapudi, Surya, , ,**Mailing Address 67 Oakwood Ave  
NullCity  
FarmingdaleState  
NYZip Code  
11735-5924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9882702

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kotikalapudi, Surya, , ,**Mailing Address 67 Oakwood Ave  
NullCity  
FarmingdaleState  
NYZip Code  
11735-5924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874204

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1524 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kotikalapudi, Surya, , ,**

Mailing Address 67 Oakwood Ave  
Null

City  
Farmingdale

State  
NY

Zip Code  
11735-5924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9882703**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Krkuti, Safije, , ,**

Mailing Address 11 Reid Way

City  
Freehold

State  
NJ

Zip Code  
07728-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9882470**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Krkuti, Safije, , ,**

Mailing Address 11 Reid Way

City  
Freehold

State  
NJ

Zip Code  
07728-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

**Transaction ID : 9882471**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1525 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Krkuti, Safije, , ,**

Mailing Address 11 Reid Way

City  
Freehold

State  
NJ

Zip Code  
07728-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9873545**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Krkuti, Safije, , ,**

Mailing Address 11 Reid Way

City  
Freehold

State  
NJ

Zip Code  
07728-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9882468**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Krkuti, Safije, , ,**

Mailing Address 11 Reid Way

City  
Freehold

State  
NJ

Zip Code  
07728-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9873546**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1526 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Krkuti, Safije, , ,**

Mailing Address 11 Reid Way

City  
FreeholdState  
NJZip Code  
07728-2009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9882469

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kubiak, Alexis, , ,**

Mailing Address 369 Corbin Ave

City  
Staten IslandState  
NYZip Code  
10308-1814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877460

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kubiak, Alexis, , ,**

Mailing Address 369 Corbin Ave

City  
Staten IslandState  
NYZip Code  
10308-1814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877462

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1527 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kubiak, Alexis, , ,**

Mailing Address 369 Corbin Ave

City  
Staten IslandState  
NYZip Code  
10308-1814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873608

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kubiak, Alexis, , ,**

Mailing Address 369 Corbin Ave

City  
Staten IslandState  
NYZip Code  
10308-1814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9877458

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kubiak, Alexis, , ,**

Mailing Address 369 Corbin Ave

City  
Staten IslandState  
NYZip Code  
10308-1814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873609

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1528 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kubiak, Alexis, , ,**

Mailing Address 369 Corbin Ave

City  
Staten IslandState  
NYZip Code  
10308-1814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877459

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kurachek, Erlinda, , ,**Mailing Address 29 Ruth Ct  
NullCity  
MiddletownState  
NYZip Code  
10940-5328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Care Center (St Teresa's NH)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9878474

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kurachek, Erlinda, , ,**Mailing Address 29 Ruth Ct  
NullCity  
MiddletownState  
NYZip Code  
10940-5328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highland Care Center (St Teresa's NH)Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878475

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1529 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kurachek, Erlinda, , ,**

Mailing Address 29 Ruth Ct

Null

City

Middletown

State

NY

Zip Code

10940-5328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Highland Care Center (St Teresa's NH)

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2025

Transaction ID : 9873999

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kurachek, Erlinda, , ,**

Mailing Address 29 Ruth Ct

Null

City

Middletown

State

NY

Zip Code

10940-5328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Highland Care Center (St Teresa's NH)

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2025

Transaction ID : 9878472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kurachek, Erlinda, , ,**

Mailing Address 29 Ruth Ct

Null

City

Middletown

State

NY

Zip Code

10940-5328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Highland Care Center (St Teresa's NH)

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874000

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1530 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kurachek, Erlinda, , ,**

Mailing Address 29 Ruth Ct

Null

City

Middletown

State

NY

Zip Code

10940-5328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Highland Care Center (St Teresa's NH)

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9878473**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuriakose, Felix, , ,**

Mailing Address 371 W 126th St

Apt 3A

City

New York

State

NY

Zip Code

10027-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9881367**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuriakose, Felix, , ,**

Mailing Address 371 W 126th St

Apt 3A

City

New York

State

NY

Zip Code

10027-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9881365**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1531 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kuriakose, Felix, , ,**Mailing Address 371 W 126th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10027-4305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9881366

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuriakose, Felix, , ,**Mailing Address 371 W 126th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10027-4305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875588

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuriakose, Felix, , ,**Mailing Address 371 W 126th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10027-4305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881364

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1532 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kuzenko, Mariya, , ,**Mailing Address 622 Katan Ave  
FI 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877485

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuzenko, Mariya, , ,**Mailing Address 622 Katan Ave  
FI 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877486

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuzenko, Mariya, , ,**Mailing Address 622 Katan Ave  
FI 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877487

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1533 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kuzenko, Mariya, , ,**

Mailing Address 622 Katan Ave  
FI 1

City  
Staten Island

State  
NY

Zip Code  
10312-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

**Transaction ID : 9877489**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuzenko, Mariya, , ,**

Mailing Address 622 Katan Ave  
FI 1

City  
Staten Island

State  
NY

Zip Code  
10312-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

**Transaction ID : 9877488**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuzenko, Mariya, , ,**

Mailing Address 622 Katan Ave  
FI 1

City  
Staten Island

State  
NY

Zip Code  
10312-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9874991**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1534 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kuzenko, Mariya, , ,**Mailing Address 622 Katan Ave  
FI 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874990

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuzenko, Mariya, , ,**Mailing Address 622 Katan Ave  
FI 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874993

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuzenko, Mariya, , ,**Mailing Address 622 Katan Ave  
FI 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874992

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1535 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kuzenko, Mariya, , ,

Mailing Address 622 Katan Ave  
Fl 1City  
Staten IslandState  
NYZip Code  
10312-3423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12    | 05    | 2025        |

Transaction ID : 9874994

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kuznetsov, German, , ,

Mailing Address 2190 Brigham St  
Apt 4DCity  
BrooklynState  
NYZip Code  
11229-5645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 07    | 02    | 2025        |

Transaction ID : 9879052

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kuznetsov, German, , ,

Mailing Address 2190 Brigham St  
Apt 4DCity  
BrooklynState  
NYZip Code  
11229-5645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 08    | 08    | 2025        |

Transaction ID : 9879053

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1536 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kuznetsov, German, , ,**Mailing Address 2190 Brigham St  
Apt 4DCity  
BrooklynState  
NYZip Code  
11229-5645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873591

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuznetsov, German, , ,**Mailing Address 2190 Brigham St  
Apt 4DCity  
BrooklynState  
NYZip Code  
11229-5645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879050

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuznetsov, German, , ,**Mailing Address 2190 Brigham St  
Apt 4DCity  
BrooklynState  
NYZip Code  
11229-5645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873592

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1537 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kuznetsov, German, , ,**Mailing Address 2190 Brigham St  
Apt 4DCity  
BrooklynState  
NYZip Code  
11229-5645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879051

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Labady, Ketlyne, , ,**Mailing Address 3434 Coronado Dr  
Apt 1207City  
SarasotaState  
FLZip Code  
34231-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882382

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Labady, Ketlyne, , ,**Mailing Address 3434 Coronado Dr  
Apt 1207City  
SarasotaState  
FLZip Code  
34231-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9882383

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1538 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Labady, Ketlyne, , ,**

Mailing Address 3434 Coronado Dr  
Apt 1207

City  
Sarasota

State  
FL

Zip Code  
34231-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Venice

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

**Transaction ID : 9882381**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Labady, Ketlyne, , ,**

Mailing Address 3434 Coronado Dr  
Apt 1207

City  
Sarasota

State  
FL

Zip Code  
34231-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Venice

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

**Transaction ID : 9882384**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Labady, Ketlyne, , ,**

Mailing Address 3434 Coronado Dr  
Apt 1207

City  
Sarasota

State  
FL

Zip Code  
34231-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Venice

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9876493**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1539 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Labady, Ketlyne, , ,**

Mailing Address 3434 Coronado Dr  
Apt 1207

City  
Sarasota

State  
FL

Zip Code  
34231-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Venice

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2025

**Transaction ID : 9882385**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Labady, Ketlyne, , ,**

Mailing Address 3434 Coronado Dr  
Apt 1207

City  
Sarasota

State  
FL

Zip Code  
34231-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Venice

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2025

**Transaction ID : 9876494**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Labady, Ketlyne, , ,**

Mailing Address 3434 Coronado Dr  
Apt 1207

City  
Sarasota

State  
FL

Zip Code  
34231-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Venice

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2025

**Transaction ID : 9876495**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1540 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Labady, Ketlyne, , ,**Mailing Address 3434 Coronado Dr  
Apt 1207City  
SarasotaState  
FLZip Code  
34231-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9876496

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Labady, Ketlyne, , ,**Mailing Address 3434 Coronado Dr  
Apt 1207City  
SarasotaState  
FLZip Code  
34231-7457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9876497

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Laing Creary, Debbyan, , ,**

Mailing Address 939 E 213th St

City  
BronxState  
NYZip Code  
10469-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875336

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1541 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Laing Creary, Debbyan, , ,**

Mailing Address 939 E 213th St

City  
BronxState  
NYZip Code  
10469-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9875338

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Laing Creary, Debbyan, , ,**

Mailing Address 939 E 213th St

City  
BronxState  
NYZip Code  
10469-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875339

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Laing Creary, Debbyan, , ,**

Mailing Address 939 E 213th St

City  
BronxState  
NYZip Code  
10469-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875340

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1542 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Laing Creary, Debbyan, , ,**

Mailing Address 939 E 213th St

City  
BronxState  
NYZip Code  
10469-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875341

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Laing Creary, Debbyan, , ,**

Mailing Address 939 E 213th St

City  
BronxState  
NYZip Code  
10469-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875337

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lake, Richard, , ,**

Mailing Address 529 Bedell Ter

City  
West HempsteadState  
NYZip Code  
11552-2631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Maintenance Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876723

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1543 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lake, Richard, , ,**

Mailing Address 529 Bedell Ter

City  
West HempsteadState  
NYZip Code  
11552-2631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Maintenance Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876724

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lam, Lloyd, , ,**Mailing Address 12509 84th Rd  
Apt 2City  
Kew GardensState  
NYZip Code  
11415-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881040

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lam, Lloyd, , ,**Mailing Address 12509 84th Rd  
Apt 2City  
Kew GardensState  
NYZip Code  
11415-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874235

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1544 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lam, Lloyd, , ,**Mailing Address 12509 84th Rd  
Apt 2City  
Kew GardensState  
NYZip Code  
11415-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9881038

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lam, Lloyd, , ,**Mailing Address 12509 84th Rd  
Apt 2City  
Kew GardensState  
NYZip Code  
11415-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lam, Lloyd, , ,**Mailing Address 12509 84th Rd  
Apt 2City  
Kew GardensState  
NYZip Code  
11415-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9881039

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1545 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamanov, Igor, , ,**

Mailing Address 1440 Forest Hill Rd

City  
Staten IslandState  
NYZip Code  
10314-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877501

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamanov, Igor, , ,**

Mailing Address 1440 Forest Hill Rd

City  
Staten IslandState  
NYZip Code  
10314-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877502

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamanov, Igor, , ,**

Mailing Address 1440 Forest Hill Rd

City  
Staten IslandState  
NYZip Code  
10314-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877503

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1546 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamanov, Igor, , ,**

Mailing Address 1440 Forest Hill Rd

City  
Staten Island

State  
NY

Zip Code  
10314-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9877504**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamanov, Igor, , ,**

Mailing Address 1440 Forest Hill Rd

City  
Staten Island

State  
NY

Zip Code  
10314-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9873565**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamanov, Igor, , ,**

Mailing Address 1440 Forest Hill Rd

City  
Staten Island

State  
NY

Zip Code  
10314-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9877500**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1547 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9873821

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9874129

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9882059

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1548 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9874130

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9874131

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9874132

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1549 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874127

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874128

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamarre, Nardraka, , ,**

Mailing Address 7825 NW 19th Ct

City  
HollywoodState  
FLZip Code  
33024-0923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874133

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1550 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamazon, Claudine, , ,**

Mailing Address 1152 Little East Neck Rd

City  
West Babylon

State  
NY

Zip Code  
11704-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Unit Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9880129**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamazon, Claudine, , ,**

Mailing Address 1152 Little East Neck Rd

City  
West Babylon

State  
NY

Zip Code  
11704-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Unit Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

**Transaction ID : 9880130**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamazon, Claudine, , ,**

Mailing Address 1152 Little East Neck Rd

City  
West Babylon

State  
NY

Zip Code  
11704-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Unit Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9874284**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1551 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamazon, Claudine, , ,**

Mailing Address 1152 Little East Neck Rd

City  
West Babylon

State  
NY

Zip Code  
11704-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Unit Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9880127

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamazon, Claudine, , ,**

Mailing Address 1152 Little East Neck Rd

City  
West Babylon

State  
NY

Zip Code  
11704-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Unit Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9874285

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamazon, Claudine, , ,**

Mailing Address 1152 Little East Neck Rd

City  
West Babylon

State  
NY

Zip Code  
11704-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Unit Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9880128

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1552 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9878769

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878770

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9878771

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1553 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9873429

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878779

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9873430

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1554 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878780

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873431

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lampley, Esther, , ,**Mailing Address 144 Doscher St  
NullCity  
BrooklynState  
NYZip Code  
11208-2711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878781

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1555 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lampley, Esther, , ,**

Mailing Address 144 Doscher St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11208-2711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9873432**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lampley, Esther, , ,**

Mailing Address 144 Doscher St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11208-2711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9878782**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Landry, Jessica, , ,**

Mailing Address 699 Heritage Dr  
Null

City  
Rochester

State  
NY

Zip Code  
14615-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)  
Patient Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

232.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9873400**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1556 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Landry, Jessica, , ,**

Mailing Address 699 Heritage Dr

Null

City

Rochester

State

NY

Zip Code

14615-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)

Patient Unit Secretary

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881803

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Landry, Jessica, , ,**

Mailing Address 699 Heritage Dr

Null

City

Rochester

State

NY

Zip Code

14615-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)

Patient Unit Secretary

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9873401

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Landry, Jessica, , ,**

Mailing Address 699 Heritage Dr

Null

City

Rochester

State

NY

Zip Code

14615-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)

Patient Unit Secretary

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

232.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881804

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1557 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lane, Angela, , ,**

Mailing Address 119 W Meadow Wind Ln

City  
NewburghState  
NYZip Code  
12550-7016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880490

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lane, Angela, , ,**

Mailing Address 119 W Meadow Wind Ln

City  
NewburghState  
NYZip Code  
12550-7016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876794

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lane, Angela, , ,**

Mailing Address 119 W Meadow Wind Ln

City  
NewburghState  
NYZip Code  
12550-7016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9876795

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

90.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1558 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lane, Angela, , ,**

Mailing Address 119 W Meadow Wind Ln

City  
NewburghState  
NYZip Code  
12550-7016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876796

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lane, Angela, , ,**

Mailing Address 119 W Meadow Wind Ln

City  
NewburghState  
NYZip Code  
12550-7016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876797

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lane, Angela, , ,**

Mailing Address 119 W Meadow Wind Ln

City  
NewburghState  
NYZip Code  
12550-7016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876798

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1559 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lane, Trisha, , ,**

Mailing Address 355 W Blue Heron Blvd  
Apt 2

City  
Riviera Beach

State  
FL

Zip Code  
33404-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9882258**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lane, Trisha, , ,**

Mailing Address 355 W Blue Heron Blvd  
Apt 2

City  
Riviera Beach

State  
FL

Zip Code  
33404-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

**Transaction ID : 9882259**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lane, Trisha, , ,**

Mailing Address 355 W Blue Heron Blvd  
Apt 2

City  
Riviera Beach

State  
FL

Zip Code  
33404-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9874604**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1560 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lane, Trisha, , ,**Mailing Address 355 W Blue Heron Blvd  
Apt 2City  
Riviera BeachState  
FLZip Code  
33404-4440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882255

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lane, Trisha, , ,**Mailing Address 355 W Blue Heron Blvd  
Apt 2City  
Riviera BeachState  
FLZip Code  
33404-4440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874605

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lane, Trisha, , ,**Mailing Address 355 W Blue Heron Blvd  
Apt 2City  
Riviera BeachState  
FLZip Code  
33404-4440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882256

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1561 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lane, Trisha, , ,**Mailing Address 355 W Blue Heron Blvd  
Apt 2City  
Riviera BeachState  
FLZip Code  
33404-4440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874606

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lane, Trisha, , ,**Mailing Address 355 W Blue Heron Blvd  
Apt 2City  
Riviera BeachState  
FLZip Code  
33404-4440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Food Nutrition Services Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882257

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880619

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1562 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880618

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880621

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9880620

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1563 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880622

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9880623

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9875824

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1564 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 30    |   | 2025        |

**Transaction ID : 9875825**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2025        |

**Transaction ID : 9875826**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson FallsState  
NYZip Code  
12839-2657FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Fort Hudson Nursing HomeOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2025        |

**Transaction ID : 9875827**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1565 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson Falls

State  
NY

Zip Code  
12839-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing Home

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9875828**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lanthier, Brittany, , ,**

Mailing Address 577 Lower Allen St

City  
Hudson Falls

State  
NY

Zip Code  
12839-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fort Hudson Nursing Home

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 29 / 2025

**Transaction ID : 9875829**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Larry, Maurice, , ,**

Mailing Address 103 Avenue G  
Apt B

City  
Matamoras

State  
PA

Zip Code  
18336-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 18 / 2025

**Transaction ID : 9881503**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1566 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Larry, Maurice, , ,**Mailing Address 103 Avenue G  
Apt BCity  
MatamorasState  
PAZip Code  
18336-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881504

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Larry, Maurice, , ,**Mailing Address 103 Avenue G  
Apt BCity  
MatamorasState  
PAZip Code  
18336-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881505

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Larry, Maurice, , ,**Mailing Address 103 Avenue G  
Apt BCity  
MatamorasState  
PAZip Code  
18336-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881506

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1567 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Larry, Maurice, , ,**

Mailing Address 103 Avenue G  
Apt B

City  
Matamoras

State  
PA

Zip Code  
18336-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876779**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Larry, Maurice, , ,**

Mailing Address 103 Avenue G  
Apt B

City  
Matamoras

State  
PA

Zip Code  
18336-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9881502**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lata, Sneh, , ,**

Mailing Address 344 Orchard Ter  
Apt A

City  
Bogota

State  
NJ

Zip Code  
07603-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9881492**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1568 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lata, Sneh, , ,**Mailing Address 344 Orchard Ter  
Apt ACity  
BogotaState  
NJZip Code  
07603-1013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874150

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lata, Sneh, , ,**Mailing Address 344 Orchard Ter  
Apt ACity  
BogotaState  
NJZip Code  
07603-1013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9881490

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lata, Sneh, , ,**Mailing Address 344 Orchard Ter  
Apt ACity  
BogotaState  
NJZip Code  
07603-1013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Phelebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874151

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1569 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lata, Sneh, , ,**Mailing Address 344 Orchard Ter  
Apt ACity  
BogotaState  
NJZip Code  
07603-1013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881491

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Laurent, Marie, , ,**

Mailing Address 107 Remington Pl

City

New Rochelle

State

NY

Zip Code

10801-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9878410

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Laurent, Marie, , ,**

Mailing Address 107 Remington Pl

City

New Rochelle

State

NY

Zip Code

10801-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9875854

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1570 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Laurent, Marie, , ,**

Mailing Address 107 Remington Pl

City  
New RochelleState  
NYZip Code  
10801-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878407

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Laurent, Marie, , ,**

Mailing Address 107 Remington Pl

City  
New RochelleState  
NYZip Code  
10801-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9878409

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Laurent, Marie, , ,**

Mailing Address 107 Remington Pl

City  
New RochelleState  
NYZip Code  
10801-3901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9875855

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1571 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Laurent, Marie, , ,**

Mailing Address 107 Remington Pl

City  
New Rochelle

State  
NY

Zip Code  
10801-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9878408**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence, Yvonne, , ,**

Mailing Address 858 E 221st St  
Apt 2

City  
Bronx

State  
NY

Zip Code  
10467-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus

Occupation (for Individual)  
PATIENT CARE ASSOCIATE-WAKEFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

**Transaction ID : 9877882**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawrence, Yvonne, , ,**

Mailing Address 858 E 221st St  
Apt 2

City  
Bronx

State  
NY

Zip Code  
10467-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus

Occupation (for Individual)  
PATIENT CARE ASSOCIATE-WAKEFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

**Transaction ID : 9877883**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1572 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, Yvonne, , ,**Mailing Address 858 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
PATIENT CARE ASSOCIATE-WAKEFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875470

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence, Yvonne, , ,**Mailing Address 858 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
PATIENT CARE ASSOCIATE-WAKEFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9877880

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawrence, Yvonne, , ,**Mailing Address 858 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
PATIENT CARE ASSOCIATE-WAKEFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875471

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1573 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, Yvonne, , ,**Mailing Address 858 E 221st St  
Apt 2City  
BronxState  
NYZip Code  
10467-5257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
PATIENT CARE ASSOCIATE-WAKEFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877881

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence-Green, Sharon, , ,**Mailing Address 8 S 15th Ave  
Apt 3D

City

Mount Vernon

State  
NYZip Code  
10550-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878195

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawrence-Green, Sharon, , ,**Mailing Address 8 S 15th Ave  
Apt 3D

City

Mount Vernon

State  
NYZip Code  
10550-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

394.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878196

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1574 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence-Green, Sharon, , ,**Mailing Address 8 S 15th Ave  
Apt 3DCity  
Mount VernonState  
NYZip Code  
10550-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9878197

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence-Green, Sharon, , ,**Mailing Address 8 S 15th Ave  
Apt 3DCity  
Mount VernonState  
NYZip Code  
10550-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9878198

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawrence-Green, Sharon, , ,**Mailing Address 8 S 15th Ave  
Apt 3DCity  
Mount VernonState  
NYZip Code  
10550-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

394.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9876437

Amount of Each Receipt this Period

208.44

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

218.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1575 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence-Green, Sharon, , ,**

Mailing Address 8 S 15th Ave  
Apt 3D

City  
Mount Vernon

State  
NY

Zip Code  
10550-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care Pavilion

Occupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9876438**

Amount of Each Receipt this Period

138.96

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Layton, Marjette, , ,**

Mailing Address 112 Flower Rd

City  
Mastic Beach

State  
NY

Zip Code  
11951-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882714**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Layton, Marjette, , ,**

Mailing Address 112 Flower Rd

City  
Mastic Beach

State  
NY

Zip Code  
11951-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9882715**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

178.96

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1576 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Layton, Marjette, , ,**

Mailing Address 112 Flower Rd

City  
Mastic BeachState  
NYZip Code  
11951-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875367

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Layton, Marjette, , ,**

Mailing Address 112 Flower Rd

City  
Mastic BeachState  
NYZip Code  
11951-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882712

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Layton, Marjette, , ,**

Mailing Address 112 Flower Rd

City  
Mastic BeachState  
NYZip Code  
11951-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875368

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1577 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Layton, Marjette, , ,**

Mailing Address 112 Flower Rd

City  
Mastic BeachState  
NYZip Code  
11951-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882713

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lazo Castellon, Lidia, , ,**Mailing Address 76 S Bergen Pl  
Apt 1UCity  
FreeportState  
NYZip Code  
11520-3544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879794

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lazo Castellon, Lidia, , ,**Mailing Address 76 S Bergen Pl  
Apt 1UCity  
FreeportState  
NYZip Code  
11520-3544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879795

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1578 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lazo Castellon, Lidia, , ,**

Mailing Address 76 S Bergen Pl  
Apt 1U

City  
Freeport

State  
NY

Zip Code  
11520-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874384**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lazo Castellon, Lidia, , ,**

Mailing Address 76 S Bergen Pl  
Apt 1U

City  
Freeport

State  
NY

Zip Code  
11520-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9879792**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lazo Castellon, Lidia, , ,**

Mailing Address 76 S Bergen Pl  
Apt 1U

City  
Freeport

State  
NY

Zip Code  
11520-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874385**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1579 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lazo Castellon, Lidia, , ,**Mailing Address 76 S Bergen Pl  
Apt 1UCity  
FreeportState  
NYZip Code  
11520-3544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879793

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lebron, Monique, , ,**Mailing Address 3266 86th St  
Apt 3R

City

East Elmhurst

State  
NYZip Code  
11369-2156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879302

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lebron, Monique, , ,**Mailing Address 3266 86th St  
Apt 3R

City

East Elmhurst

State  
NYZip Code  
11369-2156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9879303

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1580 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lebron, Monique, , ,**Mailing Address 3266 86th St  
Apt 3RCity  
East ElmhurstState  
NYZip Code  
11369-2156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9873788

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lebron, Monique, , ,**Mailing Address 3266 86th St  
Apt 3RCity  
East ElmhurstState  
NYZip Code  
11369-2156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9873789

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lebron, Monique, , ,**Mailing Address 3266 86th St  
Apt 3RCity  
East ElmhurstState  
NYZip Code  
11369-2156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regal Heights Rehab and Health Care CeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9873790

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1581 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9874460

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874461

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878555

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1582 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9874462

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878556

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9875253

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1583 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874463

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878557

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874464

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1584 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875254

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lebron, Noelia, , ,**

Mailing Address 354 Fulle Dr

City  
Valley CottageState  
NYZip Code  
10989-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874465

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Hannah, , ,**

Mailing Address 310 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MENTAL HEALTH CLINICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879028

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1585 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Hannah, , ,**

Mailing Address 310 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MENTAL HEALTH CLINICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9879027

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Hannah, , ,**

Mailing Address 310 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MENTAL HEALTH CLINICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Hannah, , ,**

Mailing Address 310 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MENTAL HEALTH CLINICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9879025

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1586 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Hannah, , ,**

Mailing Address 310 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MENTAL HEALTH CLINICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875427

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Hannah, , ,**

Mailing Address 310 Clarkson Ave

City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
MENTAL HEALTH CLINICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9879026

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Julie, , ,**

Mailing Address 1368 Port Washington Blvd

Null

City  
Port WashingtonState  
NYZip Code  
11050-2628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Health System Pharmacist 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882522

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1587 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Julie, , ,**

Mailing Address 1368 Port Washington Blvd

Null

City

Port Washington

State

NY

Zip Code

11050-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 26    |   | 2025        |

**Transaction ID : 9875615**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Julie, , ,**

Mailing Address 1368 Port Washington Blvd

Null

City

Port Washington

State

NY

Zip Code

11050-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 26    |   | 2025        |

**Transaction ID : 9882520**

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Julie, , ,**

Mailing Address 1368 Port Washington Blvd

Null

City

Port Washington

State

NY

Zip Code

11050-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

**Transaction ID : 9875616**

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1588 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Julie, , ,**

Mailing Address 1368 Port Washington Blvd

Null

City

Port Washington

State

NY

Zip Code

11050-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9882521

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Travis, , ,**

Mailing Address 1646 Union St

Apt 2D

City

Brooklyn

State

NY

Zip Code

11213-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale Hospital Medical Center

Occupation (for Individual)

Transporter

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881296

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Travis, , ,**

Mailing Address 1646 Union St

Apt 2D

City

Brooklyn

State

NY

Zip Code

11213-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale Hospital Medical Center

Occupation (for Individual)

Transporter

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881297

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1589 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Travis, , ,**Mailing Address 1646 Union St  
Apt 2DCity  
BrooklynState  
NYZip Code  
11213-4716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881298

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Travis, , ,**Mailing Address 1646 Union St  
Apt 2DCity  
BrooklynState  
NYZip Code  
11213-4716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874272

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Travis, , ,**Mailing Address 1646 Union St  
Apt 2DCity  
BrooklynState  
NYZip Code  
11213-4716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881295

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1590 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Tyrek, , ,**Mailing Address 800 West St  
Unit 3312City  
BraintreeState  
MAZip Code  
02184-3873FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Admin & Technology Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881582

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Tyrek, , ,**Mailing Address 800 West St  
Unit 3312City  
BraintreeState  
MAZip Code  
02184-3873FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Admin & Technology Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881583

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Tyrek, , ,**Mailing Address 800 West St  
Unit 3312City  
BraintreeState  
MAZip Code  
02184-3873FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Admin & Technology Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881584

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1591 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, Tyrek, , ,**

Mailing Address 800 West St  
Unit 3312

City  
Braintree

State  
MA

Zip Code  
02184-3873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Admin & Technology Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9881585**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Tyrek, , ,**

Mailing Address 800 West St  
Unit 3312

City  
Braintree

State  
MA

Zip Code  
02184-3873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Admin & Technology Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876849**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Tyrek, , ,**

Mailing Address 800 West St  
Unit 3312

City  
Braintree

State  
MA

Zip Code  
02184-3873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Admin & Technology Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9881581**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1592 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leger, Richard, , ,**

Mailing Address 5 Drexel Ct

City  
New CityState  
NYZip Code  
10956-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Westchester Hospital CenterOccupation (for Individual)  
Surgical Tech (GF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874103

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leger, Richard, , ,**

Mailing Address 5 Drexel Ct

City  
New CityState  
NYZip Code  
10956-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Westchester Hospital CenterOccupation (for Individual)  
Surgical Tech (GF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874104

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leger, Richard, , ,**

Mailing Address 5 Drexel Ct

City  
New CityState  
NYZip Code  
10956-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Westchester Hospital CenterOccupation (for Individual)  
Surgical Tech (GF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874105

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1593 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leger, Richard, , ,**

Mailing Address 5 Drexel Ct

City  
New CityState  
NYZip Code  
10956-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Westchester Hospital CenterOccupation (for Individual)  
Surgical Tech (GF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874106

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leger, Richard, , ,**

Mailing Address 5 Drexel Ct

City  
New CityState  
NYZip Code  
10956-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Westchester Hospital CenterOccupation (for Individual)  
Surgical Tech (GF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874107

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leger, Richard, , ,**

Mailing Address 5 Drexel Ct

City  
New CityState  
NYZip Code  
10956-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Westchester Hospital CenterOccupation (for Individual)  
Surgical Tech (GF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874108

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1594 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Legrand, Stephanie, , ,**

Mailing Address 57 Green St

Null

City

Valley Stream

State

NY

Zip Code

11580-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873887

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Legrand, Stephanie, , ,**

Mailing Address 57 Green St

Null

City

Valley Stream

State

NY

Zip Code

11580-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873885

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Legrand, Stephanie, , ,**

Mailing Address 57 Green St

Null

City

Valley Stream

State

NY

Zip Code

11580-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879903

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1595 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Legrand, Stephanie, , ,**

Mailing Address 57 Green St  
Null

City  
Valley Stream

State  
NY

Zip Code  
11580-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9879902**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Legrand, Stephanie, , ,**

Mailing Address 57 Green St  
Null

City  
Valley Stream

State  
NY

Zip Code  
11580-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9873886**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Legrand, Stephanie, , ,**

Mailing Address 57 Green St  
Null

City  
Valley Stream

State  
NY

Zip Code  
11580-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

**Transaction ID : 9879901**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1596 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leibowitz, Haley, , ,**

Mailing Address 136 Ridgecrest Ave

City  
Staten Island

State  
NY

Zip Code  
10312-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9877477**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leibowitz, Haley, , ,**

Mailing Address 136 Ridgecrest Ave

City  
Staten Island

State  
NY

Zip Code  
10312-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9877478**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leibowitz, Haley, , ,**

Mailing Address 136 Ridgecrest Ave

City  
Staten Island

State  
NY

Zip Code  
10312-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9877479**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1597 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leibowitz, Haley, , ,**

Mailing Address 136 Ridgcrest Ave

City  
Staten IslandState  
NYZip Code  
10312-6227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873562

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leibowitz, Haley, , ,**

Mailing Address 136 Ridgcrest Ave

City  
Staten IslandState  
NYZip Code  
10312-6227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Radiologic Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877476

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lekht, Annia, , ,**Mailing Address 2741 E 28th St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11235-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 3-Hematlg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879132

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1598 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lekht, Annia, , ,**Mailing Address 2741 E 28th St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11235-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 3-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874172

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lekht, Annia, , ,**Mailing Address 2741 E 28th St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11235-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 3-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9879130

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lekht, Annia, , ,**Mailing Address 2741 E 28th St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11235-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 3-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874173

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1599 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lekht, Annia, , ,**Mailing Address 2741 E 28th St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11235-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clin Lab Technolgst 3-Hematlgy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9879131

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leonard, Tira, , ,**

Mailing Address 301 Mcmechen St

City  
BaltimoreState  
MDZip Code  
21217-3867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Environmental Service Associate GOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9881974

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leonard, Tira, , ,**

Mailing Address 301 Mcmechen St

City  
BaltimoreState  
MDZip Code  
21217-3867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Environmental Service Associate GOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881975

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1600 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leonard, Tira, , ,**

Mailing Address 301 Mcmechen St

City  
Baltimore

State  
MD

Zip Code  
21217-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate GOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9881976**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leonard, Tira, , ,**

Mailing Address 301 Mcmechen St

City  
Baltimore

State  
MD

Zip Code  
21217-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate GOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9881973**

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leonard, Tira, , ,**

Mailing Address 301 Mcmechen St

City  
Baltimore

State  
MD

Zip Code  
21217-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate GOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9874448**

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

64.61



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1601 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leonard, Tira, , ,**

Mailing Address 301 Mcmechen St

City  
BaltimoreState  
MDZip Code  
21217-3867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Environmental Service Associate GOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9881972

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, John, , ,**

Mailing Address 159 E 49th St

City  
BrooklynState  
NYZip Code  
11203-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878686

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, John, , ,**

Mailing Address 159 E 49th St

City  
BrooklynState  
NYZip Code  
11203-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875630

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1602 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, John, , ,**

Mailing Address 159 E 49th St

City  
BrooklynState  
NYZip Code  
11203-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9878685

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, John, , ,**

Mailing Address 159 E 49th St

City  
BrooklynState  
NYZip Code  
11203-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875629

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, John, , ,**

Mailing Address 159 E 49th St

City  
BrooklynState  
NYZip Code  
11203-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9878684

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1603 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Kurt, , ,**

Mailing Address 612 N Monroe St

City  
Baltimore

State  
MD

Zip Code  
21217-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2025

Transaction ID : 9881979

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, Kurt, , ,**

Mailing Address 612 N Monroe St

City  
Baltimore

State  
MD

Zip Code  
21217-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

MM / DD / YYYY  
08 / 13 / 2025

Transaction ID : 9881980

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Kurt, , ,**

Mailing Address 612 N Monroe St

City  
Baltimore

State  
MD

Zip Code  
21217-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2025

Transaction ID : 9881981

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1604 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Kurt, , ,**

Mailing Address 612 N Monroe St

City  
Baltimore

State  
MD

Zip Code  
21217-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

**Transaction ID : 9881978**

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, Kurt, , ,**

Mailing Address 612 N Monroe St

City  
Baltimore

State  
MD

Zip Code  
21217-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9874474**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Kurt, , ,**

Mailing Address 612 N Monroe St

City  
Baltimore

State  
MD

Zip Code  
21217-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9881977**

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

64.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1605 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Vanesa, , ,**

Mailing Address 861 E 226th St

Null

City

Bronx

State

NY

Zip Code

10466-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Workmens Circle

Occupation (for Individual)

Licensed Practical Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9877855**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, Vanesa, , ,**

Mailing Address 861 E 226th St

Null

City

Bronx

State

NY

Zip Code

10466-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Workmens Circle

Occupation (for Individual)

Licensed Practical Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

**Transaction ID : 9877856**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Vanesa, , ,**

Mailing Address 861 E 226th St

Null

City

Bronx

State

NY

Zip Code

10466-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Workmens Circle

Occupation (for Individual)

Licensed Practical Nurse

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9876652**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1606 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                               |  |                                                                                                                     |                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Lewis, Vanesa, , ,</b>                               |  |                                                                                                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2025</div> |  |
| Mailing Address 861 E 226th St<br>Null                                                                                                        |  |                                                                                                                     | <b>Transaction ID : 9877853</b>                                                                                                             |  |
| City Bronx State NY Zip Code 10466-4418                                                                                                       |  |                                                                                                                     |                                                                                                                                             |  |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> |  |                                                                                                                     | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>                |  |
| Name of Employer (for Individual)<br>Workmens Circle                                                                                          |  | Occupation (for Individual)<br>Licsensed Practical Nurse                                                            | <input type="checkbox"/> Memo Item                                                                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div> |                                                                                                                                             |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Lewis, Vanesa, , ,</b>                               |  |                                                                                                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 08 / 2025</div> |  |
| Mailing Address 861 E 226th St<br>Null                                                                                                        |  |                                                                                                                     | <b>Transaction ID : 9876653</b>                                                                                                             |  |
| City Bronx State NY Zip Code 10466-4418                                                                                                       |  |                                                                                                                     |                                                                                                                                             |  |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> |  |                                                                                                                     | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>                |  |
| Name of Employer (for Individual)<br>Workmens Circle                                                                                          |  | Occupation (for Individual)<br>Licsensed Practical Nurse                                                            | <input type="checkbox"/> Memo Item                                                                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div> |                                                                                                                                             |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Lewis, Vanesa, , ,</b>                               |  |                                                                                                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 08 / 2025</div> |  |
| Mailing Address 861 E 226th St<br>Null                                                                                                        |  |                                                                                                                     | <b>Transaction ID : 9877854</b>                                                                                                             |  |
| City Bronx State NY Zip Code 10466-4418                                                                                                       |  |                                                                                                                     |                                                                                                                                             |  |
| FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> |  |                                                                                                                     | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>                |  |
| Name of Employer (for Individual)<br>Workmens Circle                                                                                          |  | Occupation (for Individual)<br>Licsensed Practical Nurse                                                            | <input type="checkbox"/> Memo Item                                                                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |  | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div> |                                                                                                                                             |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                       |  |                                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                             |  |                                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                           |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1607 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Vermaneta, , ,**Mailing Address 2101 Creston Ave  
Apt 20City  
BronxState  
NYZip Code  
10453-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881042

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, Vermaneta, , ,**Mailing Address 2101 Creston Ave  
Apt 20City  
BronxState  
NYZip Code  
10453-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881043

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Vermaneta, , ,**Mailing Address 2101 Creston Ave  
Apt 20City  
BronxState  
NYZip Code  
10453-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881044

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1608 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Vermaneta, , ,**

Mailing Address 2101 Creston Ave  
Apt 20

City  
Bronx

State  
NY

Zip Code  
10453-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CLERK ACCOUNTING SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881045

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, Vermaneta, , ,**

Mailing Address 2101 Creston Ave  
Apt 20

City  
Bronx

State  
NY

Zip Code  
10453-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CLERK ACCOUNTING SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876191

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Vermaneta, , ,**

Mailing Address 2101 Creston Ave  
Apt 20

City  
Bronx

State  
NY

Zip Code  
10453-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CLERK ACCOUNTING SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881041

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1609 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis- Codner, Zanna, , ,**

Mailing Address 131 -40 230 St

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876455

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis- Codner, Zanna, , ,**

Mailing Address 131 -40 230 St

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879518

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis- Codner, Zanna, , ,**

Mailing Address 131 -40 230 St

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876456

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1610 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis- Codner, Zanna, , ,**

Mailing Address 131 -40 230 St

City  
Springfield GardensState  
NYZip Code  
11413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9879519

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lezama, Ari, , ,**

Mailing Address 69 Camp Hill Rd

City  
PomonaState  
NYZip Code  
10970-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878522

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lezama, Ari, , ,**

Mailing Address 69 Camp Hill Rd

City  
PomonaState  
NYZip Code  
10970-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878521

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1611 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lezama, Ari, , ,**

Mailing Address 69 Camp Hill Rd

City  
PomonaState  
NYZip Code  
10970-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878523

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lezama, Ari, , ,**

Mailing Address 69 Camp Hill Rd

City  
PomonaState  
NYZip Code  
10970-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878524

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lezama, Ari, , ,**

Mailing Address 69 Camp Hill Rd

City  
PomonaState  
NYZip Code  
10970-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875309

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1612 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lezama, Ari, , ,**

Mailing Address 69 Camp Hill Rd

City  
PomonaState  
NYZip Code  
10970-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9878520

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lian, Henry, , ,**Mailing Address 14644 61st Rd  
NullCity  
FlushingState  
NYZip Code  
11367-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882631

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lian, Henry, , ,**Mailing Address 14644 61st Rd  
NullCity  
FlushingState  
NYZip Code  
11367-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875625

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1613 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lian, Henry, , ,**

Mailing Address 14644 61st Rd

Null

City  
FlushingState  
NYZip Code  
11367-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9882629

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lian, Henry, , ,**

Mailing Address 14644 61st Rd

Null

City  
FlushingState  
NYZip Code  
11367-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875626

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lian, Henry, , ,**

Mailing Address 14644 61st Rd

Null

City  
FlushingState  
NYZip Code  
11367-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9882630

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1614 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Liao, Xinbo, , ,**

Mailing Address 4 Jean Ln

Null

City

Rye Brook

State

NY

Zip Code

10573-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technologist 5

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878244

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Liao, Xinbo, , ,**

Mailing Address 4 Jean Ln

Null

City

Rye Brook

State

NY

Zip Code

10573-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technologist 5

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874185

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Liao, Xinbo, , ,**

Mailing Address 4 Jean Ln

Null

City

Rye Brook

State

NY

Zip Code

10573-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technologist 5

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9878242

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1615 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Liao, Xinbo, , ,**

Mailing Address 4 Jean Ln

Null

City

Rye Brook

State

NY

Zip Code

10573-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technologist 5

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874186

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Liao, Xinbo, , ,**

Mailing Address 4 Jean Ln

Null

City

Rye Brook

State

NY

Zip Code

10573-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technologist 5

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878243

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City

Buffalo

State

NY

Zip Code

14204-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mc Auley Residence-CHS-KMH

Occupation (for Individual)

DIETARY AIDE TMR

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880669

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1616 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9875556

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9880664

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9875557

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1617 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880665

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875558

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9880666

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1618 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lidge, Jaylen, , ,

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875559

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lidge, Jaylen, , ,

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880667

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lidge, Jaylen, , ,

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9875560

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1619 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lidge, Jaylen, , ,**

Mailing Address 233 S Division St

City  
BuffaloState  
NYZip Code  
14204-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mc Auley Residence-CHS-KMHOccupation (for Individual)  
DIETARY AIDE TMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9880668

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877419

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877420

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1620 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877421

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877422

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9877423

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1621 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten Island

State  
NY

Zip Code  
10304-3502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 12 / 2025**

**Transaction ID : 9874969**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten Island

State  
NY

Zip Code  
10304-3502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 25 / 2025**

**Transaction ID : 9874968**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lincoln, Diah, , ,**

Mailing Address 320 Vanderbilt Ave

City  
Staten Island

State  
NY

Zip Code  
10304-3502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**11 / 07 / 2025**

**Transaction ID : 9874970**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1622 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lincoln, Diah, , ,

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 21    | / | 2025        |

Transaction ID : 9874971

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lincoln, Diah, , ,

Mailing Address 320 Vanderbilt Ave

City  
Staten IslandState  
NYZip Code  
10304-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 05    | / | 2025        |

Transaction ID : 9874972

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lindo, Carol, , ,

Mailing Address 56 Phillips Walk

City  
West BabylonState  
NYZip Code  
11704-7311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Nursing HomeOccupation (for Individual)  
NURSING AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 22    | / | 2025        |

Transaction ID : 9880120

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1623 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindo, Carol, , ,**

Mailing Address 56 Phillips Walk

City  
West Babylon

State  
NY

Zip Code  
11704-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Nursing Home

Occupation (for Individual)  
NURSING AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9880121

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lindo, Carol, , ,**

Mailing Address 56 Phillips Walk

City  
West Babylon

State  
NY

Zip Code  
11704-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Nursing Home

Occupation (for Individual)  
NURSING AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 16 / 2025

Transaction ID : 9880122

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lindo, Carol, , ,**

Mailing Address 56 Phillips Walk

City  
West Babylon

State  
NY

Zip Code  
11704-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Nursing Home

Occupation (for Individual)  
NURSING AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 29 / 2025

Transaction ID : 9880119

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1624 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindo, Carol, , ,**

Mailing Address 56 Phillips Walk

City  
West Babylon

State  
NY

Zip Code  
11704-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Nursing Home

Occupation (for Individual)  
NURSING AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 24 / 2025

Transaction ID : 9875958

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lindo, Carol, , ,**

Mailing Address 56 Phillips Walk

City  
West Babylon

State  
NY

Zip Code  
11704-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Nursing Home

Occupation (for Individual)  
NURSING AIDES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 24 / 2025

Transaction ID : 9880118

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lista, Angelo, , ,**

Mailing Address 607 SW 9th Ct

City  
Cape Coral

State  
FL

Zip Code  
33991-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9882377

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1625 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lista, Angelo, , ,**

Mailing Address 607 SW 9th Ct

City  
Cape CoralState  
FLZip Code  
33991-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9882378

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lista, Angelo, , ,**

Mailing Address 607 SW 9th Ct

City  
Cape CoralState  
FLZip Code  
33991-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9882379

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lista, Angelo, , ,**

Mailing Address 607 SW 9th Ct

City  
Cape CoralState  
FLZip Code  
33991-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9882380

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1626 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lista, Angelo, , ,**

Mailing Address 607 SW 9th Ct

City  
Cape Coral

State  
FL

Zip Code  
33991-4402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**12 / 24 / 2025**

**Transaction ID : 9876836**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lista, Angelo, , ,**

Mailing Address 607 SW 9th Ct

City  
Cape Coral

State  
FL

Zip Code  
33991-4402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**12 / 24 / 2025**

**Transaction ID : 9882376**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Littleton, Doshay, , ,**

Mailing Address 1257 NW 61st St  
Apt 2

City  
Miami

State  
FL

Zip Code  
33142-8243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Nursing Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**07 / 21 / 2025**

**Transaction ID : 9873963**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1627 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Littleton, Doshay, , ,**

Mailing Address 1257 NW 61st St  
Apt 2

City  
Miami

State  
FL

Zip Code  
33142-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Nursing Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9881027

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Littleton, Doshay, , ,**

Mailing Address 1257 NW 61st St  
Apt 2

City  
Miami

State  
FL

Zip Code  
33142-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Nursing Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873964

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Littleton, Doshay, , ,**

Mailing Address 1257 NW 61st St  
Apt 2

City  
Miami

State  
FL

Zip Code  
33142-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Nursing Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881028

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1628 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Littleton, Doshay, , ,**Mailing Address 1257 NW 61st St  
Apt 2City  
MiamiState  
FLZip Code  
33142-8243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Nursing Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873966

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Littleton, Doshay, , ,**Mailing Address 1257 NW 61st St  
Apt 2City  
MiamiState  
FLZip Code  
33142-8243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Nursing Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9873965

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lloyd, Amy, , ,**

Mailing Address 314 Howe Ave

City  
BronxState  
NYZip Code  
10473-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9874449

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1629 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lloyd, Amy, , ,**

Mailing Address 314 Howe Ave

City  
BronxState  
NYZip Code  
10473-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874450

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lloyd, Amy, , ,**

Mailing Address 314 Howe Ave

City  
BronxState  
NYZip Code  
10473-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9874451

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lloyd, Amy, , ,**

Mailing Address 314 Howe Ave

City  
BronxState  
NYZip Code  
10473-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874452

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1630 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lloyd, Amy, , ,**

Mailing Address 314 Howe Ave

City  
BronxState  
NYZip Code  
10473-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874453

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lloyd, Amy, , ,**

Mailing Address 314 Howe Ave

City  
BronxState  
NYZip Code  
10473-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus (RN)Occupation (for Individual)  
Registered Nurse-wakefield

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874454

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lloyd-Bollard, Brynley, , ,**

Mailing Address 329 Walnut Ave

City  
CranfordState  
NJZip Code  
07016-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881612

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1631 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lloyd-Bollard, Brynley, , ,**

Mailing Address 329 Walnut Ave

City  
Cranford

State  
NJ

Zip Code  
07016-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 13 / 2025

**Transaction ID : 9881613**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lloyd-Bollard, Brynley, , ,**

Mailing Address 329 Walnut Ave

City  
Cranford

State  
NJ

Zip Code  
07016-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 22 / 2025

**Transaction ID : 9881614**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lloyd-Bollard, Brynley, , ,**

Mailing Address 329 Walnut Ave

City  
Cranford

State  
NJ

Zip Code  
07016-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9881615**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1632 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lloyd-Bollard, Brynley, , ,**

Mailing Address 329 Walnut Ave

City  
CranfordState  
NJZip Code  
07016-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876818

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lloyd-Bollard, Brynley, , ,**

Mailing Address 329 Walnut Ave

City  
CranfordState  
NJZip Code  
07016-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881611

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Llubit, Vivien, , ,**

Mailing Address 24223 SW 118th Ave

City  
HomesteadState  
FLZip Code  
33032-3441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882084

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1633 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Llubit, Vivien, , ,**

Mailing Address 24223 SW 118th Ave

City  
HomesteadState  
FLZip Code  
33032-3441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875176

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Llubit, Vivien, , ,**

Mailing Address 24223 SW 118th Ave

City  
HomesteadState  
FLZip Code  
33032-3441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882082

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Llubit, Vivien, , ,**

Mailing Address 24223 SW 118th Ave

City  
HomesteadState  
FLZip Code  
33032-3441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882083

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1634 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881740

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881741

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9880681

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

19.24

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1635 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9881743

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9881742

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881744

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1636 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9876697

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880682

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876698

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1637 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9880683

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9876699

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880684

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1638 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9876700

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lockwood, Dale, , ,**Mailing Address 177 E Amherst St  
Apt J5City  
BuffaloState  
NYZip Code  
14214-1838FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U08 - SEIU 1199 BGH Service Workers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9880685

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Longoria, Brianna, , ,**

Mailing Address 5907 74th St

City  
Middle VillageState  
NYZip Code  
11379-5216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9879356

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1639 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Longoria, Brianna, , ,**

Mailing Address 5907 74th St

City  
Middle VillageState  
NYZip Code  
11379-5216FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9879357

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Longoria, Brianna, , ,**

Mailing Address 5907 74th St

City  
Middle VillageState  
NYZip Code  
11379-5216FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875830

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Longoria, Brianna, , ,**

Mailing Address 5907 74th St

City  
Middle VillageState  
NYZip Code  
11379-5216FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9879354

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1640 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Longoria, Brianna, , ,**

Mailing Address 5907 74th St

City  
Middle VillageState  
NYZip Code  
11379-5216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875831

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Longoria, Brianna, , ,**

Mailing Address 5907 74th St

City  
Middle VillageState  
NYZip Code  
11379-5216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9879355

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lopez, Ana Karen, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9882867

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1641 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lopez, Ana Karen, , ,**

Mailing Address 498 SEVENTH Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9882868

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez, Ana Karen, , ,**

Mailing Address 498 SEVENTH Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9873665

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lopez, Ana Karen, , ,**

Mailing Address 498 SEVENTH Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9882865

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1642 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lopez, Ana Karen, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873666

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez, Ana Karen, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9882866

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lopez-Spruill, Sahmir Elijah, , ,**

Mailing Address 3318 Perry Ave

City  
BronxState  
NYZip Code  
10467-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
CARE NAVIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877859

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1643 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lopez-Spruill, Sahmir Elijah, , ,**

Mailing Address 3318 Perry Ave

City  
BronxState  
NYZip Code  
10467-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
CARE NAVIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9877860

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez-Spruill, Sahmir Elijah, , ,**

Mailing Address 3318 Perry Ave

City  
BronxState  
NYZip Code  
10467-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
CARE NAVIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877858

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lopez-Spruill, Sahmir Elijah, , ,**

Mailing Address 3318 Perry Ave

City  
BronxState  
NYZip Code  
10467-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
CARE NAVIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875428

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1644 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lopez-Spruill, Sahmir Elijah, , ,**

Mailing Address 3318 Perry Ave

City  
BronxState  
NYZip Code  
10467-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
CARE NAVIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875153

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez-Spruill, Sahmir Elijah, , ,**

Mailing Address 3318 Perry Ave

City  
BronxState  
NYZip Code  
10467-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family HealthOccupation (for Individual)  
CARE NAVIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875229

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Louis, Ansy, , ,**

Mailing Address 530 E 54th St

Null

City  
BrooklynState  
NYZip Code  
11203-5417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878701

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1645 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Louis, Ansy, , ,**Mailing Address 530 E 54th St  
NullCity  
BrooklynState  
NYZip Code  
11203-5417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878702

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Louis, Ansy, , ,**Mailing Address 530 E 54th St  
NullCity  
BrooklynState  
NYZip Code  
11203-5417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873457

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Louis, Ansy, , ,**Mailing Address 530 E 54th St  
NullCity  
BrooklynState  
NYZip Code  
11203-5417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878699

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1646 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Louis, Ansy, , ,**

Mailing Address 530 E 54th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11203-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873458

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Louis, Ansy, , ,**

Mailing Address 530 E 54th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11203-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Louis-Jean, Francilia, , ,**

Mailing Address 11422 Springfield Blvd

City  
Cambria Heights

State  
NY

Zip Code  
11411-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rego Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879396

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1647 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Louis-Jean, Francilia, , ,**

Mailing Address 11422 Springfield Blvd

City  
Cambria HeightsState  
NYZip Code  
11411-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rego Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9879397

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Louis-Jean, Francilia, , ,**

Mailing Address 11422 Springfield Blvd

City  
Cambria HeightsState  
NYZip Code  
11411-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rego Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879398

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Louis-Jean, Francilia, , ,**

Mailing Address 11422 Springfield Blvd

City  
Cambria HeightsState  
NYZip Code  
11411-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rego Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875930

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1648 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Louis-Jean, Francilia, , ,**

Mailing Address 11422 Springfield Blvd

City  
Cambria HeightsState  
NYZip Code  
11411-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rego Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875931

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Love, Milton, , ,**Mailing Address 150 W 225th St  
Apt 16KCity  
BronxState  
NYZip Code  
10463-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882498

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Love, Milton, , ,**Mailing Address 150 W 225th St  
Apt 16KCity  
BronxState  
NYZip Code  
10463-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882499

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1649 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Love, Milton, , ,**Mailing Address 150 W 225th St  
Apt 16KCity  
BronxState  
NYZip Code  
10463-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875392

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Love, Milton, , ,**Mailing Address 150 W 225th St  
Apt 16KCity  
BronxState  
NYZip Code  
10463-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882496

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Love, Milton, , ,**Mailing Address 150 W 225th St  
Apt 16KCity  
BronxState  
NYZip Code  
10463-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875393

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1650 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Love, Milton, , ,**Mailing Address 150 W 225th St  
Apt 16KCity  
BronxState  
NYZip Code  
10463-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882497

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lovell, Shaquille, , ,**Mailing Address 889 Mother Gaston Blvd  
Apt 2RCity  
BrooklynState  
NYZip Code  
11212-5738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878889

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lovell, Shaquille, , ,**Mailing Address 889 Mother Gaston Blvd  
Apt 2RCity  
BrooklynState  
NYZip Code  
11212-5738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9878890

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1651 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lovell, Shaquille, , ,**Mailing Address 889 Mother Gaston Blvd  
Apt 2RCity  
BrooklynState  
NYZip Code  
11212-5738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875839

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lovell, Shaquille, , ,**Mailing Address 889 Mother Gaston Blvd  
Apt 2RCity  
BrooklynState  
NYZip Code  
11212-5738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9878887

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lovell, Shaquille, , ,**Mailing Address 889 Mother Gaston Blvd  
Apt 2RCity  
BrooklynState  
NYZip Code  
11212-5738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875840

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1652 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lovell, Shaquille, , ,**Mailing Address 889 Mother Gaston Blvd  
Apt 2RCity  
BrooklynState  
NYZip Code  
11212-5738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9878888

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowe, Donnadale, , ,**Mailing Address 9401 64th Rd  
Apt 4KCity  
Rego ParkState  
NYZip Code  
11374-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certif Occupation Therapy Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879309

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowe, Donnadale, , ,**Mailing Address 9401 64th Rd  
Apt 4KCity  
Rego ParkState  
NYZip Code  
11374-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certif Occupation Therapy Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879310

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1653 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lowe, Donnadale, , ,**Mailing Address 9401 64th Rd  
Apt 4KCity  
Rego ParkState  
NYZip Code  
11374-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certif Occupation Therapy Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9879311

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowe, Donnadale, , ,**Mailing Address 9401 64th Rd  
Apt 4KCity  
Rego ParkState  
NYZip Code  
11374-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certif Occupation Therapy Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879312

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowe, Donnadale, , ,**Mailing Address 9401 64th Rd  
Apt 4KCity  
Rego ParkState  
NYZip Code  
11374-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certif Occupation Therapy Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873900

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1654 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lowe, Donnadale, , ,**Mailing Address 9401 64th Rd  
Apt 4KCity  
Rego ParkState  
NYZip Code  
11374-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certif Occupation Therapy Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879308

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowe, Jeanette, , ,**

Mailing Address 5727 E Capitol St SE

City  
WashingtonState  
DCZip Code  
20019-6830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9881921

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowe, Jeanette, , ,**

Mailing Address 5727 E Capitol St SE

City  
WashingtonState  
DCZip Code  
20019-6830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881922

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1655 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lowe, Jeanette, , ,**

Mailing Address 5727 E Capitol St SE

City  
Washington

State  
DC

Zip Code  
20019-6830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9881923**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowe, Jeanette, , ,**

Mailing Address 5727 E Capitol St SE

City  
Washington

State  
DC

Zip Code  
20019-6830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9874366**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowe, Jeanette, , ,**

Mailing Address 5727 E Capitol St SE

City  
Washington

State  
DC

Zip Code  
20019-6830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9881920**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1656 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lowe, Johnny, , ,**Mailing Address 34 W 139th St  
Apt 7JCity  
New YorkState  
NYZip Code  
10037-1526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Encounter Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877287

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowe, Johnny, , ,**Mailing Address 34 W 139th St  
Apt 7JCity  
New YorkState  
NYZip Code  
10037-1526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Encounter Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877288

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowe, Johnny, , ,**Mailing Address 34 W 139th St  
Apt 7JCity  
New YorkState  
NYZip Code  
10037-1526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Encounter Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877289

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1657 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lowe, Johnny, , ,**Mailing Address 34 W 139th St  
Apt 7JCity  
New YorkState  
NYZip Code  
10037-1526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Encounter Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877290

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowe, Johnny, , ,**Mailing Address 34 W 139th St  
Apt 7JCity  
New YorkState  
NYZip Code  
10037-1526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Encounter Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876113

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowe, Johnny, , ,**Mailing Address 34 W 139th St  
Apt 7JCity  
New YorkState  
NYZip Code  
10037-1526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Encounter Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877286

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1658 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lu, William, , ,**

Mailing Address 2331 82nd St

Null

City

Brooklyn

State

NY

Zip Code

11214-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878921

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lu, William, , ,**

Mailing Address 2331 82nd St

Null

City

Brooklyn

State

NY

Zip Code

11214-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875649

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lu, William, , ,**

Mailing Address 2331 82nd St

Null

City

Brooklyn

State

NY

Zip Code

11214-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9878919

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1659 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lu, William, , ,**

Mailing Address 2331 82nd St

Null

City

Brooklyn

State

NY

Zip Code

11214-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875650

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lu, William, , ,**

Mailing Address 2331 82nd St

Null

City

Brooklyn

State

NY

Zip Code

11214-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878920

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lugg, Kimeshar, , ,**

Mailing Address 2929 Laconia Ave

Apt 2

City

Bronx

State

NY

Zip Code

10469-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

TECHNICIAN LAB II

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881154

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1660 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lugg, Kimeshar, , ,**Mailing Address 2929 Laconia Ave  
Apt 2City  
BronxState  
NYZip Code  
10469-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN LAB II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881155

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lugg, Kimeshar, , ,**Mailing Address 2929 Laconia Ave  
Apt 2City  
BronxState  
NYZip Code  
10469-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN LAB II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876225

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lugg, Kimeshar, , ,**Mailing Address 2929 Laconia Ave  
Apt 2City  
BronxState  
NYZip Code  
10469-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN LAB II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881152

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1661 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lugg, Kimeshar, , ,**Mailing Address 2929 Laconia Ave  
Apt 2City  
BronxState  
NYZip Code  
10469-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN LAB II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876226

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lugg, Kimeshar, , ,**Mailing Address 2929 Laconia Ave  
Apt 2City  
BronxState  
NYZip Code  
10469-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
TECHNICIAN LAB II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881153

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lumagui, Gladys May, , ,**Mailing Address 76 Fieldstone Ln  
NullCity  
Valley StreamState  
NYZip Code  
11581-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879969

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1662 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lumagui, Gladys May, , ,**Mailing Address 76 Fieldstone Ln  
NullCity  
Valley StreamState  
NYZip Code  
11581-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879970

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lumagui, Gladys May, , ,**Mailing Address 76 Fieldstone Ln  
NullCity  
Valley StreamState  
NYZip Code  
11581-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874382

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lumagui, Gladys May, , ,**Mailing Address 76 Fieldstone Ln  
NullCity  
Valley StreamState  
NYZip Code  
11581-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9879967

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1663 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lumagui, Gladys May, , ,

Mailing Address 76 Fieldstone Ln  
NullCity  
Valley StreamState  
NYZip Code  
11581-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

Transaction ID : 9874383

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lumagui, Gladys May, , ,

Mailing Address 76 Fieldstone Ln  
NullCity  
Valley StreamState  
NYZip Code  
11581-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

Transaction ID : 9879968

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luna, Lisa, , ,

Mailing Address 310 Clarkson Ave  
# 68City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 15    |   | 2025        |

Transaction ID : 9881445

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1664 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luna, Lisa, , ,**Mailing Address 310 Clarkson Ave  
# 68City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9881446

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luna, Lisa, , ,**Mailing Address 310 Clarkson Ave  
# 68City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9881447

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luna, Lisa, , ,**Mailing Address 310 Clarkson Ave  
# 68City  
BrooklynState  
NYZip Code  
11226-2998FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University HospitalOccupation (for Individual)  
Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9875031

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

75.00

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1665 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luna, Lisa, , ,**

Mailing Address 310 Clarkson Ave  
# 68

City  
Brooklyn

State  
NY

Zip Code  
11226-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 14 / 2025

Transaction ID : 9875032

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luna, Lisa, , ,**

Mailing Address 310 Clarkson Ave  
# 68

City  
Brooklyn

State  
NY

Zip Code  
11226-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University Hospital

Occupation (for Individual)  
Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9875033

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luna, Winslow, , ,**

Mailing Address 605 W 42nd St  
Apt 35G

City  
New York

State  
NY

Zip Code  
10036-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Member Infor. Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9881357

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1666 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luna, Winslow, , ,**Mailing Address 605 W 42nd St  
Apt 35GCity  
New YorkState  
NYZip Code  
10036-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Member Infor. Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881358

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luna, Winslow, , ,**Mailing Address 605 W 42nd St  
Apt 35GCity  
New YorkState  
NYZip Code  
10036-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Member Infor. Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881359

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luna, Winslow, , ,**Mailing Address 605 W 42nd St  
Apt 35GCity  
New YorkState  
NYZip Code  
10036-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Member Infor. Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881360

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1667 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luna, Winslow, , ,**Mailing Address 605 W 42nd St  
Apt 35GCity  
New YorkState  
NYZip Code  
10036-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Member Infor. Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876771

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luna, Winslow, , ,**Mailing Address 605 W 42nd St  
Apt 35GCity  
New YorkState  
NYZip Code  
10036-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Member Infor. Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881356

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881135

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1668 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881137

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9881138

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9881136

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

27.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1669 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881139

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9876662

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luster, Lisa, , ,**Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9881131

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

27.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1670 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Luster, Lisa, , ,**

Mailing Address 2178 Seneca St  
Apt 217

City  
Buffalo

State  
NY

Zip Code  
14210-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

11 / 19 / 2025

Transaction ID : 9876663

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luster, Lisa, , ,**

Mailing Address 2178 Seneca St  
Apt 217

City  
Buffalo

State  
NY

Zip Code  
14210-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

11 / 19 / 2025

Transaction ID : 9881132

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luster, Lisa, , ,**

Mailing Address 2178 Seneca St  
Apt 217

City  
Buffalo

State  
NY

Zip Code  
14210-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

12 / 03 / 2025

Transaction ID : 9876664

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1671 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Luster, Lisa, , ,

Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 03    |   | 2025        |

Transaction ID : 9881133

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Luster, Lisa, , ,

Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 18    |   | 2025        |

Transaction ID : 9876665

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luster, Lisa, , ,

Mailing Address 2178 Seneca St  
Apt 217City  
BuffaloState  
NYZip Code  
14210-2473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
U28 - SEIU 1199 Kaleida PFS BusOfcC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 18    |   | 2025        |

Transaction ID : 9881134

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1672 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ly, Huy, , ,**Mailing Address 2215 E 27th St  
NullCity  
BrooklynState  
NYZip Code  
11229-5029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Surgical Support Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879061

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ly, Huy, , ,**Mailing Address 2215 E 27th St  
NullCity  
BrooklynState  
NYZip Code  
11229-5029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Surgical Support Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879062

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ly, Huy, , ,**Mailing Address 2215 E 27th St  
NullCity  
BrooklynState  
NYZip Code  
11229-5029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Surgical Support Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873441

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1673 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ly, Huy, , ,**

Mailing Address 2215 E 27th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11229-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Surgical Support Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9879059

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ly, Huy, , ,**

Mailing Address 2215 E 27th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11229-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Surgical Support Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9873442

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ly, Huy, , ,**

Mailing Address 2215 E 27th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11229-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Surgical Support Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9879060

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1674 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ma, Dennis, , ,**

Mailing Address 1758 W 6th St

Null

City

Brooklyn

State

NY

Zip Code

11223-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technologist 2-Path

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878983

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ma, Dennis, , ,**

Mailing Address 1758 W 6th St

Null

City

Brooklyn

State

NY

Zip Code

11223-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technologist 2-Path

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874160

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ma, Dennis, , ,**

Mailing Address 1758 W 6th St

Null

City

Brooklyn

State

NY

Zip Code

11223-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technologist 2-Path

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9878981

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1675 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ma, Dennis, , ,**

Mailing Address 1758 W 6th St

Null

City

Brooklyn

State

NY

Zip Code

11223-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technologist 2-Path

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874161

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ma, Dennis, , ,**

Mailing Address 1758 W 6th St

Null

City

Brooklyn

State

NY

Zip Code

11223-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clin Lab Technologist 2-Path

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878982

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maceus, Jean, , ,**

Mailing Address 854 E 93rd St

FI 2

City

Brooklyn

State

NY

Zip Code

11236-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873897

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1676 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Macceus, Jean, , ,**

Mailing Address 854 E 93rd St  
FI 2

City  
Brooklyn

State  
NY

Zip Code  
11236-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

**Transaction ID : 9879165**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Macceus, Jean, , ,**

Mailing Address 854 E 93rd St  
FI 2

City  
Brooklyn

State  
NY

Zip Code  
11236-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9879166**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Macceus, Jean, , ,**

Mailing Address 854 E 93rd St  
FI 2

City  
Brooklyn

State  
NY

Zip Code  
11236-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9873896**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1677 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maceus, Jean, , ,**Mailing Address 854 E 93rd St  
Fl 2City  
BrooklynState  
NYZip Code  
11236-2002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879164

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mack, Yvette, , ,**Mailing Address 667 E 165th St  
Apt 17City  
BronxState  
NYZip Code  
10456-6877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880944

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mack, Yvette, , ,**Mailing Address 667 E 165th St  
Apt 17City  
BronxState  
NYZip Code  
10456-6877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880945

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1678 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mack, Yvette, , ,**Mailing Address 667 E 165th St  
Apt 17City  
BronxState  
NYZip Code  
10456-6877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876163

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mack, Yvette, , ,**Mailing Address 667 E 165th St  
Apt 17City  
BronxState  
NYZip Code  
10456-6877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880942

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mack, Yvette, , ,**Mailing Address 667 E 165th St  
Apt 17City  
BronxState  
NYZip Code  
10456-6877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876164

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1679 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mack, Yvette, , ,**Mailing Address 667 E 165th St  
Apt 17City  
BronxState  
NYZip Code  
10456-6877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880943

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mahar, Catherine, , ,**

Mailing Address 737 Scovell Dr

City  
LewistonState  
NYZip Code  
14092-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880660

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mahar, Catherine, , ,**

Mailing Address 737 Scovell Dr

City  
LewistonState  
NYZip Code  
14092-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880661

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1680 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mahar, Catherine, , ,**

Mailing Address 737 Scovell Dr

City  
Lewiston

State  
NY

Zip Code  
14092-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9880662**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mahar, Catherine, , ,**

Mailing Address 737 Scovell Dr

City  
Lewiston

State  
NY

Zip Code  
14092-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880663**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mahar, Catherine, , ,**

Mailing Address 737 Scovell Dr

City  
Lewiston

State  
NY

Zip Code  
14092-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876840**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1681 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mahar, Catherine, , ,**

Mailing Address 737 Scovell Dr

City  
LewistonState  
NYZip Code  
14092-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mahon, Lynelle, , ,**Mailing Address 1371 Linden Blvd  
Apt 17GCity  
BrooklynState  
NYZip Code  
11212-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882564

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mahon, Lynelle, , ,**Mailing Address 1371 Linden Blvd  
Apt 17GCity  
BrooklynState  
NYZip Code  
11212-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882565

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1682 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mahon, Lynelle, , ,**Mailing Address 1371 Linden Blvd  
Apt 17GCity  
BrooklynState  
NYZip Code  
11212-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mahon, Lynelle, , ,**Mailing Address 1371 Linden Blvd  
Apt 17GCity  
BrooklynState  
NYZip Code  
11212-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882562

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mahon, Lynelle, , ,**Mailing Address 1371 Linden Blvd  
Apt 17GCity  
BrooklynState  
NYZip Code  
11212-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875382

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1683 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mahon, Lynelle, , ,**Mailing Address 1371 Linden Blvd  
Apt 17GCity  
BrooklynState  
NYZip Code  
11212-4713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882563

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maldonado, Sean, , ,**Mailing Address 10519 Flatlands 1St St  
NullCity  
BrooklynState  
NYZip Code  
11236-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Surgical Care Assistant-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879181

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maldonado, Sean, , ,**Mailing Address 10519 Flatlands 1St St  
NullCity  
BrooklynState  
NYZip Code  
11236-3007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Surgical Care Assistant-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9876033

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1684 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maldonado, Sean, , ,**

Mailing Address 10519 Flatlands 1St St

Null

City

Brooklyn

State

NY

Zip Code

11236-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Surgical Care Assistant-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876034

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maldonado, Sean, , ,**

Mailing Address 10519 Flatlands 1St St

Null

City

Brooklyn

State

NY

Zip Code

11236-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Surgical Care Assistant-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876035

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maldonado, Sean, , ,**

Mailing Address 10519 Flatlands 1St St

Null

City

Brooklyn

State

NY

Zip Code

11236-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Surgical Care Assistant-MSH

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876036

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1685 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maldonado, Sean, , ,**

Mailing Address 10519 Flatlands 1St St

Null

City

Brooklyn

State

NY

Zip Code

11236-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Hospital

Occupation (for Individual)

Surgical Care Assistant-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876037

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Malek, Ramadan, , ,**

Mailing Address 533 Mill Rd

City

Staten Island

State

NY

Zip Code

10306-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

Pharmacist-Registered

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Malek, Ramadan, , ,**

Mailing Address 533 Mill Rd

City

Staten Island

State

NY

Zip Code

10306-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

Pharmacist-Registered

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877446

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1686 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malek, Ramadan, , ,**

Mailing Address 533 Mill Rd

City  
Staten IslandState  
NYZip Code  
10306-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacist-Registered

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Malek, Ramadan, , ,**

Mailing Address 533 Mill Rd

City  
Staten IslandState  
NYZip Code  
10306-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacist-Registered

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9877442

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Malek, Ramadan, , ,**

Mailing Address 533 Mill Rd

City  
Staten IslandState  
NYZip Code  
10306-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacist-Registered

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873631

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1687 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malek, Ramadan, , ,**

Mailing Address 533 Mill Rd

City  
Staten IslandState  
NYZip Code  
10306-5533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacist-Registered

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877443

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mancuso, Michael, , ,**

Mailing Address 2096 Lake Shore Dr

City  
BlossvaleState  
NYZip Code  
13308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9876409

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mancuso, Michael, , ,**

Mailing Address 2096 Lake Shore Dr

City  
BlossvaleState  
NYZip Code  
13308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9876410

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1688 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mancuso, Michael, , ,**

Mailing Address 2096 Lake Shore Dr

City  
BlossvaleState  
NYZip Code  
13308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9876407

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mancuso, Michael, , ,**

Mailing Address 2096 Lake Shore Dr

City  
BlossvaleState  
NYZip Code  
13308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9876411

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mancuso, Michael, , ,**

Mailing Address 2096 Lake Shore Dr

City  
BlossvaleState  
NYZip Code  
13308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9876408

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1689 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mancuso, Michael, , ,**

Mailing Address 2096 Lake Shore Dr

City  
BlossvaleState  
NYZip Code  
13308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9876412

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9877454

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9877455

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1690 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877457

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877456

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874935

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1691 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877451

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874936

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mandario, Maria, , ,**Mailing Address 234 Dartmouth Loop  
Apt BCity  
Staten IslandState  
NYZip Code  
10306-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9877452

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1692 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mandario, Maria, , ,**

Mailing Address 234 Dartmouth Loop  
Apt B

City  
Staten Island

State  
NY

Zip Code  
10306-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9874937**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mandario, Maria, , ,**

Mailing Address 234 Dartmouth Loop  
Apt B

City  
Staten Island

State  
NY

Zip Code  
10306-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9877453**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Manea, Barbara, , ,**

Mailing Address 8750 N Sherman Cir  
Apt 203

City  
Miramar

State  
FL

Zip Code  
33025-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9880821**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1693 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Manea, Barbara, , ,**Mailing Address 8750 N Sherman Cir  
Apt 203City  
MiramarState  
FLZip Code  
33025-2082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880822

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manea, Barbara, , ,**Mailing Address 8750 N Sherman Cir  
Apt 203City  
MiramarState  
FLZip Code  
33025-2082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9880823

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Manea, Barbara, , ,**Mailing Address 8750 N Sherman Cir  
Apt 203City  
MiramarState  
FLZip Code  
33025-2082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874846

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1694 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Manea, Barbara, , ,**Mailing Address 8750 N Sherman Cir  
Apt 203City  
MiramarState  
FLZip Code  
33025-2082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9880819

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manea, Barbara, , ,**Mailing Address 8750 N Sherman Cir  
Apt 203City  
MiramarState  
FLZip Code  
33025-2082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874847

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Manea, Barbara, , ,**Mailing Address 8750 N Sherman Cir  
Apt 203City  
MiramarState  
FLZip Code  
33025-2082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9880820

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1695 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Manigault, Janelle, , ,**

Mailing Address 3589 Conroy Rd  
Apt 1024

City  
Orlando

State  
FL

Zip Code  
32839-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9880869**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manigault, Janelle, , ,**

Mailing Address 3589 Conroy Rd  
Apt 1024

City  
Orlando

State  
FL

Zip Code  
32839-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9880870**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Manigault, Janelle, , ,**

Mailing Address 3589 Conroy Rd  
Apt 1024

City  
Orlando

State  
FL

Zip Code  
32839-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9880871**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1696 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Manigault, Janelle, , ,**

Mailing Address 3589 Conroy Rd  
Apt 1024

City  
Orlando

State  
FL

Zip Code  
32839-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880872**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manigault, Janelle, , ,**

Mailing Address 3589 Conroy Rd  
Apt 1024

City  
Orlando

State  
FL

Zip Code  
32839-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876760**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Manigault, Janelle, , ,**

Mailing Address 3589 Conroy Rd  
Apt 1024

City  
Orlando

State  
FL

Zip Code  
32839-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9880868**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1697 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marable, Eltonio, , ,**

Mailing Address 3643 Elmley Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Services Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.60

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9874468**

Amount of Each Receipt this Period

24.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marable, Eltonio, , ,**

Mailing Address 3643 Elmley Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Services Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.60

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9881969**

Amount of Each Receipt this Period

24.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marable, Eltonio, , ,**

Mailing Address 3643 Elmley Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Environmental Services Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

244.60

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9881971**

Amount of Each Receipt this Period

12.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

61.15

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1698 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marable, Eltonio, , ,**

Mailing Address 3643 Elmley Ave

City  
BaltimoreState  
MDZip Code  
21213-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Environmental Services Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9874469

Amount of Each Receipt this Period

24.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marable, Eltonio, , ,**

Mailing Address 3643 Elmley Ave

City  
BaltimoreState  
MDZip Code  
21213-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Environmental Services Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9881970

Amount of Each Receipt this Period

24.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maragh, Syrita, , ,**

Mailing Address 14606 Sutter Ave

City  
JamaicaState  
NYZip Code  
11436-1906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879754

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1699 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maragh, Syrita, , ,**

Mailing Address 14606 Sutter Ave

City  
JamaicaState  
NYZip Code  
11436-1906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879755

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maragh, Syrita, , ,**

Mailing Address 14606 Sutter Ave

City  
JamaicaState  
NYZip Code  
11436-1906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maragh, Syrita, , ,**

Mailing Address 14606 Sutter Ave

City  
JamaicaState  
NYZip Code  
11436-1906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879752

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1700 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maragh, Syrita, , ,**

Mailing Address 14606 Sutter Ave

City  
JamaicaState  
NYZip Code  
11436-1906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874701

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maragh, Syrita, , ,**

Mailing Address 14606 Sutter Ave

City  
JamaicaState  
NYZip Code  
11436-1906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MENTAL HEALTH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879753

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marcelin, Bernadette, , ,**

Mailing Address 87 Fulton Ave

Apt 87

City  
Jersey CityState  
NJZip Code  
07305-3113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881674

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1701 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marcelin, Bernadette, , ,**Mailing Address 87 Fulton Ave  
Apt 87City  
Jersey CityState  
NJZip Code  
07305-3113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9881675

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marcelin, Bernadette, , ,**Mailing Address 87 Fulton Ave  
Apt 87City  
Jersey CityState  
NJZip Code  
07305-3113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9881676

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marcelin, Bernadette, , ,**Mailing Address 87 Fulton Ave  
Apt 87City  
Jersey CityState  
NJZip Code  
07305-3113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9881677

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1702 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marcelin, Bernadette, , ,**Mailing Address 87 Fulton Ave  
Apt 87City  
Jersey CityState  
NJZip Code  
07305-3113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873899

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marcelin, Bernadette, , ,**Mailing Address 87 Fulton Ave  
Apt 87City  
Jersey CityState  
NJZip Code  
07305-3113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881673

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marine Iii, Charlie, , ,**Mailing Address 380 Lexington Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11216-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9878931

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1703 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marine Iii, Charlie, , ,**Mailing Address 380 Lexington Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11216-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875687

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marine Iii, Charlie, , ,**Mailing Address 380 Lexington Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11216-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9878929

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marine Iii, Charlie, , ,**Mailing Address 380 Lexington Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11216-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875688

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1704 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marine Iii, Charlie, , ,**Mailing Address 380 Lexington Ave  
Apt 2ACity  
BrooklynState  
NYZip Code  
11216-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878930

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Markaj, Antoneta, , ,**Mailing Address 135 Fifth Ave  
Apt 2ECity  
PelhamState  
NYZip Code  
10803-1563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Markaj, Antoneta, , ,**Mailing Address 135 Fifth Ave  
Apt 2ECity  
PelhamState  
NYZip Code  
10803-1563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878427

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1705 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Markaj, Antoneta, , ,**Mailing Address 135 Fifth Ave  
Apt 2ECity  
PelhamState  
NYZip Code  
10803-1563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876312

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Markaj, Antoneta, , ,**Mailing Address 135 Fifth Ave  
Apt 2ECity  
PelhamState  
NYZip Code  
10803-1563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878424

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Markaj, Antoneta, , ,**Mailing Address 135 Fifth Ave  
Apt 2ECity  
PelhamState  
NYZip Code  
10803-1563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876313

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1706 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Markaj, Antoneta, , ,**Mailing Address 135 Fifth Ave  
Apt 2ECity  
PelhamState  
NYZip Code  
10803-1563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878425

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marquez, Jeyrivel, , ,**Mailing Address 2035 Central Park Ave  
Apt 1VCity  
YonkersState  
NYZip Code  
10710-2439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881274

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marquez, Jeyrivel, , ,**Mailing Address 2035 Central Park Ave  
Apt 1VCity  
YonkersState  
NYZip Code  
10710-2439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881275

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1707 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marquez, Jeyrivel, , ,**

Mailing Address 2035 Central Park Ave  
Apt 1V

City  
Yonkers

State  
NY

Zip Code  
10710-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9881276**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marquez, Jeyrivel, , ,**

Mailing Address 2035 Central Park Ave  
Apt 1V

City  
Yonkers

State  
NY

Zip Code  
10710-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876281**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marquez, Jeyrivel, , ,**

Mailing Address 2035 Central Park Ave  
Apt 1V

City  
Yonkers

State  
NY

Zip Code  
10710-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9881273**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1708 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marseilles, Maritza, , ,**Mailing Address 7901 NW 7th Ave  
Apt 1311City  
MiamiState  
FLZip Code  
33150-3294FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Central Supply Technician (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875048

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marseilles, Maritza, , ,**Mailing Address 7901 NW 7th Ave  
Apt 1311City  
MiamiState  
FLZip Code  
33150-3294FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Central Supply Technician (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875049

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882253

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

90.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1709 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025**Transaction ID : 9882254**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025**Transaction ID : 9874978**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025**Transaction ID : 9882250**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1710 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 07    | / | 2025        |

**Transaction ID : 9874979**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 07    | / | 2025        |

**Transaction ID : 9882251**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 21    | / | 2025        |

**Transaction ID : 9874980**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1711 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marsh, Sharleen, , ,**

Mailing Address 430 NW 48th Ter

City  
PlantationState  
FLZip Code  
33317-2028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882252

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marshall, Sahmall, , ,**

Mailing Address 25945 149th Ave

City  
RosedaleState  
NYZip Code  
11422-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Receiving Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879571

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marshall, Sahmall, , ,**

Mailing Address 25945 149th Ave

City  
RosedaleState  
NYZip Code  
11422-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Receiving Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879572

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1712 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marshall, Sahmall, , ,**

Mailing Address 25945 149th Ave

City  
Rosedale

State  
NY

Zip Code  
11422-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Receiving Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9876334**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marshall, Sahmall, , ,**

Mailing Address 25945 149th Ave

City  
Rosedale

State  
NY

Zip Code  
11422-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Receiving Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9879569**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marshall, Sahmall, , ,**

Mailing Address 25945 149th Ave

City  
Rosedale

State  
NY

Zip Code  
11422-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Receiving Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9876335**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1713 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marshall, Sahmall, , ,**

Mailing Address 25945 149th Ave

City  
RosedaleState  
NYZip Code  
11422-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Receiving Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879570

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marte Guerrero, Magdalen, , ,**Mailing Address 2091 Arthur Ave  
Apt 3ECity  
BronxState  
NYZip Code  
10457-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881373

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marte Guerrero, Magdalen, , ,**Mailing Address 2091 Arthur Ave  
Apt 3ECity  
BronxState  
NYZip Code  
10457-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881374

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1714 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marte Guerrero, Magdalen, , ,**Mailing Address 2091 Arthur Ave  
Apt 3ECity  
BronxState  
NYZip Code  
10457-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9881375

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marte Guerrero, Magdalen, , ,**Mailing Address 2091 Arthur Ave  
Apt 3ECity  
BronxState  
NYZip Code  
10457-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marte Guerrero, Magdalen, , ,**Mailing Address 2091 Arthur Ave  
Apt 3ECity  
BronxState  
NYZip Code  
10457-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874649

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1715 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marte Guerrero, Magdalen, , ,**Mailing Address 2091 Arthur Ave  
Apt 3ECity  
BronxState  
NYZip Code  
10457-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881372

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marte, Destiny, , ,**Mailing Address 310 W 143rd St  
Apt 3D

City

New York

State  
NYZip Code  
10030-1445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marte, Destiny, , ,**Mailing Address 310 W 143rd St  
Apt 3D

City

New York

State  
NYZip Code  
10030-1445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877237

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1716 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marte, Destiny, , ,**Mailing Address 310 W 143rd St  
Apt 3DCity  
New YorkState  
NYZip Code  
10030-1445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877238

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marte, Destiny, , ,**Mailing Address 310 W 143rd St  
Apt 3DCity  
New YorkState  
NYZip Code  
10030-1445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877239

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marte, Destiny, , ,**Mailing Address 310 W 143rd St  
Apt 3DCity  
New YorkState  
NYZip Code  
10030-1445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874748

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1717 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marte, Destiny, , ,**Mailing Address 310 W 143rd St  
Apt 3DCity  
New YorkState  
NYZip Code  
10030-1445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877235

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin Jr, Collin, , ,**

Mailing Address 24115 147th Rd

City  
RosedaleState  
NYZip Code  
11422-3281FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874337

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martin Jr, Collin, , ,**

Mailing Address 24115 147th Rd

City  
RosedaleState  
NYZip Code  
11422-3281FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874338

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1718 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin Jr, Collin, , ,**

Mailing Address 24115 147th Rd

City  
Rosedale

State  
NY

Zip Code  
11422-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9874339**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin Jr, Collin, , ,**

Mailing Address 24115 147th Rd

City  
Rosedale

State  
NY

Zip Code  
11422-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9874340**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martin Jr, Collin, , ,**

Mailing Address 24115 147th Rd

City  
Rosedale

State  
NY

Zip Code  
11422-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874341**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1719 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin Jr, Collin, , ,**

Mailing Address 24115 147th Rd

City  
RosedaleState  
NYZip Code  
11422-3281FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874342

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Ariel, , ,**

Mailing Address 289 S Bayview Ave

City  
FreeportState  
NYZip Code  
11520-5342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9873520

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martin, Ariel, , ,**

Mailing Address 289 S Bayview Ave

City  
FreeportState  
NYZip Code  
11520-5342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879786

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1720 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Ariel, , ,**

Mailing Address 289 S Bayview Ave

City  
FreeportState  
NYZip Code  
11520-5342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9873521

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Ariel, , ,**

Mailing Address 289 S Bayview Ave

City  
FreeportState  
NYZip Code  
11520-5342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9879787

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martin, Ariel, , ,**

Mailing Address 289 S Bayview Ave

City  
FreeportState  
NYZip Code  
11520-5342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873522

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1721 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martinez, Leyla, , ,**Mailing Address 420 E 146th St  
Apt 102City  
BronxState  
NYZip Code  
10455-4112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9876717

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martinez, Leyla, , ,**Mailing Address 420 E 146th St  
Apt 102City  
BronxState  
NYZip Code  
10455-4112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876718

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martinez, Miguel, , ,**

Mailing Address 41 Mcloughlin St

City  
Glen CoveState  
NYZip Code  
11542-2309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

233.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873527

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1722 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martinez, Miguel, , ,**

Mailing Address 41 Mcloughlin St

City  
Glen CoveState  
NYZip Code  
11542-2309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879798

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martinez, Miguel, , ,**

Mailing Address 41 Mcloughlin St

City  
Glen CoveState  
NYZip Code  
11542-2309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9873528

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martinez, Miguel, , ,**

Mailing Address 41 Mcloughlin St

City  
Glen CoveState  
NYZip Code  
11542-2309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

233.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9873529

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1723 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martinez, Miguel, , ,**

Mailing Address 41 Mcloughlin St

City  
Glen CoveState  
NYZip Code  
11542-2309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873530

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martinez, Natalie, , ,**Mailing Address 390 Georgia Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873679

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martinez, Natalie, , ,**Mailing Address 390 Georgia Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873680

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1724 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martinez, Natalie, , ,**Mailing Address 390 Georgia Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873678

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martinez, Natalie, , ,**Mailing Address 390 Georgia Ave  
Apt 5CCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873681

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marville, Shamari, , ,**

Mailing Address 3488 Fish Ave

City  
BronxState  
NYZip Code  
10469-2204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Service Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877982

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1725 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marville, Shamari, , ,**

Mailing Address 3488 Fish Ave

City  
BronxState  
NYZip Code  
10469-2204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Service Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877983

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marville, Shamari, , ,**

Mailing Address 3488 Fish Ave

City  
BronxState  
NYZip Code  
10469-2204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Service Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876580

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marville, Shamari, , ,**

Mailing Address 3488 Fish Ave

City  
BronxState  
NYZip Code  
10469-2204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Service Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877980

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1726 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marville, Shamari, , ,**

Mailing Address 3488 Fish Ave

City  
BronxState  
NYZip Code  
10469-2204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Service Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9876581**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marville, Shamari, , ,**

Mailing Address 3488 Fish Ave

City  
BronxState  
NYZip Code  
10469-2204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Service Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9877981**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mathew, Benson, , ,**

Mailing Address 123 Vincent Rd

City  
HicksvilleState  
NYZip Code  
11801-1929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025**Transaction ID : 9880299**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1727 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathew, Benson, , ,**

Mailing Address 123 Vincent Rd

City  
HicksvilleState  
NYZip Code  
11801-1929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880300

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathew, Benson, , ,**

Mailing Address 123 Vincent Rd

City  
HicksvilleState  
NYZip Code  
11801-1929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880301

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mathew, Benson, , ,**

Mailing Address 123 Vincent Rd

City  
HicksvilleState  
NYZip Code  
11801-1929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876804

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1728 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathew, Benson, , ,**

Mailing Address 123 Vincent Rd

City  
Hicksville

State  
NY

Zip Code  
11801-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9876805**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathew, Benson, , ,**

Mailing Address 123 Vincent Rd

City  
Hicksville

State  
NY

Zip Code  
11801-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876806**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mathew, Gladys, , ,**

Mailing Address 14 Elicar Ter

City  
Yonkers

State  
NY

Zip Code  
10701-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9878300**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1729 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathew, Gladys, , ,**

Mailing Address 14 Elicar Ter

City  
YonkersState  
NYZip Code  
10701-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878299

Amount of Each Receipt this Period

37.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathew, Gladys, , ,**

Mailing Address 14 Elicar Ter

City  
YonkersState  
NYZip Code  
10701-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9875126

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mathew, Gladys, , ,**

Mailing Address 14 Elicar Ter

City  
YonkersState  
NYZip Code  
10701-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9875127

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

87.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1730 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathew, Gladys, , ,**

Mailing Address 14 Elicar Ter

City  
YonkersState  
NYZip Code  
10701-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875128

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathew, Gladys, , ,**

Mailing Address 14 Elicar Ter

City  
YonkersState  
NYZip Code  
10701-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875129

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mathew, Medhulin, , ,**Mailing Address 63 Beaumont Cir  
Apt 1City  
YonkersState  
NYZip Code  
10710-2047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
BIOMEDICAL EQUIPMENT TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881193

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1731 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathew, Medhulin, , ,**

Mailing Address 63 Beaumont Cir  
Apt 1

City  
Yonkers

State  
NY

Zip Code  
10710-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
BIOMEDICAL EQUIPMENT TECHNOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9881194

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathew, Medhulin, , ,**

Mailing Address 63 Beaumont Cir  
Apt 1

City  
Yonkers

State  
NY

Zip Code  
10710-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
BIOMEDICAL EQUIPMENT TECHNOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9876255

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mathew, Medhulin, , ,**

Mailing Address 63 Beaumont Cir  
Apt 1

City  
Yonkers

State  
NY

Zip Code  
10710-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
BIOMEDICAL EQUIPMENT TECHNOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9881191

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1732 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathew, Medhulin, , ,**Mailing Address 63 Beaumont Cir  
Apt 1City  
YonkersState  
NYZip Code  
10710-2047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
BIOMEDICAL EQUIPMENT TECHNOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876256

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathew, Medhulin, , ,**Mailing Address 63 Beaumont Cir  
Apt 1City  
YonkersState  
NYZip Code  
10710-2047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
BIOMEDICAL EQUIPMENT TECHNOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881192

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Matos, Onivia, , ,**

Mailing Address 352 E 17th St

City  
HialeahState  
FLZip Code  
33010-3140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882049

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1733 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Matos, Onivia, , ,**

Mailing Address 352 E 17th St

City  
Hialeah

State  
FL

Zip Code  
33010-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9875252

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Matos, Onivia, , ,**

Mailing Address 352 E 17th St

City  
Hialeah

State  
FL

Zip Code  
33010-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9882047

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Matos, Onivia, , ,**

Mailing Address 352 E 17th St

City  
Hialeah

State  
FL

Zip Code  
33010-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Certified Nursing Assistant 3 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

Transaction ID : 9882048

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1734 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Matthews, Kedari, , ,**

Mailing Address 2938 W 16th St  
Apt 914

City  
Brooklyn

State  
NY

Zip Code  
11224-3075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Perioperative Patient CareAsst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

**Transaction ID : 9873445**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Matthews, Kedari, , ,**

Mailing Address 2938 W 16th St  
Apt 914

City  
Brooklyn

State  
NY

Zip Code  
11224-3075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Perioperative Patient CareAsst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

**Transaction ID : 9873446**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Matthews, Kedari, , ,**

Mailing Address 2938 W 16th St  
Apt 914

City  
Brooklyn

State  
NY

Zip Code  
11224-3075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)  
Perioperative Patient CareAsst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

**Transaction ID : 9873447**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1735 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Matthews, Kedari, , ,**Mailing Address 2938 W 16th St  
Apt 914City  
BrooklynState  
NYZip Code  
11224-3075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Perioperative Patient CareAsst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9873448

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Matthews, Kedari, , ,**Mailing Address 2938 W 16th St  
Apt 914City  
BrooklynState  
NYZip Code  
11224-3075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Perioperative Patient CareAsst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873449

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Matthews, Kedari, , ,**Mailing Address 2938 W 16th St  
Apt 914City  
BrooklynState  
NYZip Code  
11224-3075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Perioperative Patient CareAsst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873450

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1736 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Maxwell, Kebra, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 10 / 2025<br><b>Transaction ID : 9880968</b> |                                    |
| Mailing Address 3926 Monticello Ave<br>Apt 19                                                                                   |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10466-2422                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>WARD CLERK/UNIT SECRETARY U                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Maxwell, Kebra, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 15 / 2025<br><b>Transaction ID : 9880969</b> |                                    |
| Mailing Address 3926 Monticello Ave<br>Apt 19                                                                                   |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10466-2422                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>WARD CLERK/UNIT SECRETARY U                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Maxwell, Kebra, , ,</b>                |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 22 / 2025<br><b>Transaction ID : 9880970</b> |                                    |
| Mailing Address 3926 Monticello Ave<br>Apt 19                                                                                   |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10466-2422                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>WARD CLERK/UNIT SECRETARY U                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1737 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maxwell, Kebra, , ,**Mailing Address 3926 Monticello Ave  
Apt 19City  
BronxState  
NYZip Code  
10466-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880971

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maxwell, Kebra, , ,**Mailing Address 3926 Monticello Ave  
Apt 19City  
BronxState  
NYZip Code  
10466-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876181

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maxwell, Kebra, , ,**Mailing Address 3926 Monticello Ave  
Apt 19City  
BronxState  
NYZip Code  
10466-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
WARD CLERK/UNIT SECRETARY U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880967

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1738 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mazariego, Carolina, , ,**Mailing Address 373 E 183rd St  
Apt 508City  
BronxState  
NYZip Code  
10458-0761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
COORDINATOR SCHEDULING (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877666

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mazariego, Carolina, , ,**Mailing Address 373 E 183rd St  
Apt 508City  
BronxState  
NYZip Code  
10458-0761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
COORDINATOR SCHEDULING (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9877665

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mazariego, Carolina, , ,**Mailing Address 373 E 183rd St  
Apt 508City  
BronxState  
NYZip Code  
10458-0761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
COORDINATOR SCHEDULING (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875256

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1739 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mazariego, Carolina, , ,**

Mailing Address 373 E 183rd St  
Apt 508

City  
Bronx

State  
NY

Zip Code  
10458-0761

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
COORDINATOR SCHEDULING (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 14 / 2025

**Transaction ID : 9877663**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mazariego, Carolina, , ,**

Mailing Address 373 E 183rd St  
Apt 508

City  
Bronx

State  
NY

Zip Code  
10458-0761

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
COORDINATOR SCHEDULING (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 17 / 2025

**Transaction ID : 9875257**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mazariego, Carolina, , ,**

Mailing Address 373 E 183rd St  
Apt 508

City  
Bronx

State  
NY

Zip Code  
10458-0761

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
COORDINATOR SCHEDULING (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 17 / 2025

**Transaction ID : 9877664**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1740 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McAllister, Savannah, , ,**

Mailing Address 992 Boston Rd

City  
BronxState  
NYZip Code  
10456-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9882494

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McAllister, Savannah, , ,**

Mailing Address 992 Boston Rd

City  
BronxState  
NYZip Code  
10456-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9882495

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McAllister, Savannah, , ,**

Mailing Address 992 Boston Rd

City  
BronxState  
NYZip Code  
10456-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873659

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1741 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McAllister, Savannah, , ,**

Mailing Address 992 Boston Rd

City  
BronxState  
NYZip Code  
10456-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9882492

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McAllister, Savannah, , ,**

Mailing Address 992 Boston Rd

City  
BronxState  
NYZip Code  
10456-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873660

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McAllister, Savannah, , ,**

Mailing Address 992 Boston Rd

City  
BronxState  
NYZip Code  
10456-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9882493

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1742 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McBean, Shanika, , ,**Mailing Address 1851 Division Ave  
Apt 308City  
West Palm BeachState  
FLZip Code  
33407-6467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874641

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McBean, Shanika, , ,**Mailing Address 1851 Division Ave  
Apt 308City  
West Palm BeachState  
FLZip Code  
33407-6467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874642

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McBean, Shanika, , ,**Mailing Address 1851 Division Ave  
Apt 308City  
West Palm BeachState  
FLZip Code  
33407-6467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874643

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1743 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McBean, Shanika, , ,**

Mailing Address 1851 Division Ave  
Apt 308

City  
West Palm Beach

State  
FL

Zip Code  
33407-6467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9874644

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McBean, Shanika, , ,**

Mailing Address 1851 Division Ave  
Apt 308

City  
West Palm Beach

State  
FL

Zip Code  
33407-6467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874645

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McBean, Shanika, , ,**

Mailing Address 1851 Division Ave  
Apt 308

City  
West Palm Beach

State  
FL

Zip Code  
33407-6467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9874646

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1744 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McBean, Shanika, , ,**Mailing Address 1851 Division Ave  
Apt 308City  
West Palm BeachState  
FLZip Code  
33407-6467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874647

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McBean, Shanika, , ,**Mailing Address 1851 Division Ave  
Apt 308City  
West Palm BeachState  
FLZip Code  
33407-6467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874648

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCabe, Patrick, , ,**

Mailing Address 38 Ashcroft Rd

City  
MedfordState  
MAZip Code  
02155-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876823

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

80.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1745 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCabe, Patrick, , ,**

Mailing Address 38 Ashcroft Rd

City  
MedfordState  
MAZip Code  
02155-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876824

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCabe, Patrick, , ,**

Mailing Address 38 Ashcroft Rd

City  
MedfordState  
MAZip Code  
02155-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9876825

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCabe, Patrick, , ,**

Mailing Address 38 Ashcroft Rd

City  
MedfordState  
MAZip Code  
02155-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876826

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1746 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCabe, Patrick, , ,**

Mailing Address 38 Ashcroft Rd

City  
Medford

State  
MA

Zip Code  
02155-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9876827

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCabe, Patrick, , ,**

Mailing Address 38 Ashcroft Rd

City  
Medford

State  
MA

Zip Code  
02155-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

12 / 24 / 2025

Transaction ID : 9876828

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCalla, Capone, , ,**

Mailing Address 26 Forsythia Dr

City  
Monticello

State  
NY

Zip Code  
12701-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center-Catskills

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 09 / 2025

Transaction ID : 9880603

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1747 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCalla, Capone, , ,**

Mailing Address 26 Forsythia Dr

City  
Monticello

State  
NY

Zip Code  
12701-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center-Catskills

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 05 / 2025

Transaction ID : 9880604

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCalla, Capone, , ,**

Mailing Address 26 Forsythia Dr

City  
Monticello

State  
NY

Zip Code  
12701-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center-Catskills

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9873951

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCalla, Capone, , ,**

Mailing Address 26 Forsythia Dr

City  
Monticello

State  
NY

Zip Code  
12701-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center-Catskills

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9880601

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1748 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCalla, Capone, , ,**

Mailing Address 26 Forsythia Dr

City  
Monticello

State  
NY

Zip Code  
12701-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center-Catskills

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9873952

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCalla, Capone, , ,**

Mailing Address 26 Forsythia Dr

City  
Monticello

State  
NY

Zip Code  
12701-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center-Catskills

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9880602

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCallam, Shelly, , ,**

Mailing Address 1579 Pacific St

City  
Brooklyn

State  
NY

Zip Code  
11213-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9876057

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1749 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCallam, Shelly, , ,**

Mailing Address 1579 Pacific St

City  
BrooklynState  
NYZip Code  
11213-1132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9876058

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881156

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9874220

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1750 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874221

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881157

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876219

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1751 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCaskey, Dwayne, , ,**

Mailing Address 1530 Story Ave  
Apt 415

City  
Bronx

State  
NY

Zip Code  
10473-4598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9874222

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCaskey, Dwayne, , ,**

Mailing Address 1530 Story Ave  
Apt 415

City  
Bronx

State  
NY

Zip Code  
10473-4598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876220

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCaskey, Dwayne, , ,**

Mailing Address 1530 Story Ave  
Apt 415

City  
Bronx

State  
NY

Zip Code  
10473-4598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874223

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1752 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876221

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874224

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876222

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1753 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCaskey, Dwayne, , ,**Mailing Address 1530 Story Ave  
Apt 415City  
BronxState  
NYZip Code  
10473-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9874225

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McClatchie, Margaret, , ,**

Mailing Address 1101 Forbell St

City  
BrooklynState  
NYZip Code  
11208-4773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878785

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McClatchie, Margaret, , ,**

Mailing Address 1101 Forbell St

City  
BrooklynState  
NYZip Code  
11208-4773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878786

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1754 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McClatchie, Margaret, , ,**

Mailing Address 1101 Forbell St

City  
BrooklynState  
NYZip Code  
11208-4773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873408

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McClatchie, Margaret, , ,**

Mailing Address 1101 Forbell St

City  
BrooklynState  
NYZip Code  
11208-4773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McClatchie, Margaret, , ,**

Mailing Address 1101 Forbell St

City  
BrooklynState  
NYZip Code  
11208-4773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873409

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1755 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McClatchie, Margaret, , ,**

Mailing Address 1101 Forbell St

City  
BrooklynState  
NYZip Code  
11208-4773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878784

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Kereen, , ,**Mailing Address 638 E 221st St  
NullCity  
BronxState  
NYZip Code  
10467-5110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877890

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Kereen, , ,**Mailing Address 638 E 221st St  
NullCity  
BronxState  
NYZip Code  
10467-5110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877892

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1756 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDonald, Kereen, , ,**Mailing Address 638 E 221st St  
NullCity  
BronxState  
NYZip Code  
10467-5110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877893

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Kereen, , ,**Mailing Address 638 E 221st St  
NullCity  
BronxState  
NYZip Code  
10467-5110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875301

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Kereen, , ,**Mailing Address 638 E 221st St  
NullCity  
BronxState  
NYZip Code  
10467-5110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9877889

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1757 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDonald, Kereen, , ,**

Mailing Address 638 E 221st St  
Null

City  
Bronx

State  
NY

Zip Code  
10467-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing Home

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9877891**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Pauline, , ,**

Mailing Address 144 -49 177 St  
FI 2

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9879653**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Pauline, , ,**

Mailing Address 144 -49 177 St  
FI 2

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

**Transaction ID : 9879654**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1758 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDonald, Pauline, , ,**Mailing Address 144 -49 177 St  
FI 2City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879655

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Pauline, , ,**Mailing Address 144 -49 177 St  
FI 2City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873514

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Pauline, , ,**Mailing Address 144 -49 177 St  
FI 2City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879652

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1759 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDonald, Tenece, , ,**

Mailing Address 13766 Sloan St

City  
Springfield GardensState  
NYZip Code  
11413-2680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879512

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Tenece, , ,**

Mailing Address 13766 Sloan St

City  
Springfield GardensState  
NYZip Code  
11413-2680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875119

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Tenece, , ,**

Mailing Address 13766 Sloan St

City  
Springfield GardensState  
NYZip Code  
11413-2680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9875120

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1760 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDonald, Tenece, , ,**

Mailing Address 13766 Sloan St

City  
Springfield GardensState  
NYZip Code  
11413-2680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875121

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Tenece, , ,**

Mailing Address 13766 Sloan St

City  
Springfield GardensState  
NYZip Code  
11413-2680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875122

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Tenece, , ,**

Mailing Address 13766 Sloan St

City  
Springfield GardensState  
NYZip Code  
11413-2680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
ENVIRONM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875123

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1761 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McEwen, Lynette, , ,**

Mailing Address 536 E 96th St  
Apt 4B

City  
Brooklyn

State  
NY

Zip Code  
11212-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bushwick Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

07 / 25 / 2025

Transaction ID : 9873384

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFadden-Scott, Sally, , ,**

Mailing Address 20 Orchard St  
Bsmt

City  
Yonkers

State  
NY

Zip Code  
10703-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9878353

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFadden-Scott, Sally, , ,**

Mailing Address 20 Orchard St  
Bsmt

City  
Yonkers

State  
NY

Zip Code  
10703-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Licenssed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 15 / 2025

Transaction ID : 9878354

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1762 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFadden-Scott, Sally, , ,**Mailing Address 20 Orchard St  
BsmtCity  
YonkersState  
NYZip Code  
10703-3326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yonkers Gardens Center for Nursing &amp; R

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878355

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFadden-Scott, Sally, , ,**Mailing Address 20 Orchard St  
BsmtCity  
YonkersState  
NYZip Code  
10703-3326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yonkers Gardens Center for Nursing &amp; R

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9878356

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFadden-Scott, Sally, , ,**Mailing Address 20 Orchard St  
BsmtCity  
YonkersState  
NYZip Code  
10703-3326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yonkers Gardens Center for Nursing &amp; R

Occupation (for Individual)

Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878357

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1763 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFadden-Scott, Sally, , ,**Mailing Address 20 Orchard St  
BsmtCity  
YonkersState  
NYZip Code  
10703-3326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873781

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFadden-Scott, Sally, , ,**Mailing Address 20 Orchard St  
BsmtCity  
YonkersState  
NYZip Code  
10703-3326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878352

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Audrey, , ,**

Mailing Address 1040 Neilson St

City  
Far RockawayState  
NYZip Code  
11691-5047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grandell Health Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880009

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1764 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Audrey, , ,**

Mailing Address 1040 Neilson St

City

Far Rockaway

State

NY

Zip Code

11691-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grandell Health Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880010

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Audrey, , ,**

Mailing Address 1040 Neilson St

City

Far Rockaway

State

NY

Zip Code

11691-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grandell Health Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9875361

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Audrey, , ,**

Mailing Address 1040 Neilson St

City

Far Rockaway

State

NY

Zip Code

11691-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grandell Health Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880007

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1765 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Audrey, , ,**

Mailing Address 1040 Neilson St

City

Far Rockaway

State

NY

Zip Code

11691-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grandell Health Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 10 / 2025

Transaction ID : 9875362

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Audrey, , ,**

Mailing Address 1040 Neilson St

City

Far Rockaway

State

NY

Zip Code

11691-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grandell Health Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 10 / 2025

Transaction ID : 9880008

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Isolyn, , ,**

Mailing Address 1330 Eastern Pkwy

Apt B2

City

Brooklyn

State

NY

Zip Code

11233-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel & Bertha Schulman Ins

Occupation (for Individual)

NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9881282

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1766 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Isolyn, , ,**Mailing Address 1330 Eastern Pkwy  
Apt B2City  
BrooklynState  
NYZip Code  
11233-5217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881283

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Isolyn, , ,**Mailing Address 1330 Eastern Pkwy  
Apt B2City  
BrooklynState  
NYZip Code  
11233-5217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873677

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Isolyn, , ,**Mailing Address 1330 Eastern Pkwy  
Apt B2City  
BrooklynState  
NYZip Code  
11233-5217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
NURSING ATTENDANT, CERTIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881281

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1767 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Melesia, , ,**

Mailing Address 147 E 91st St

City  
BrooklynState  
NYZip Code  
11212-1301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878861

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Melesia, , ,**

Mailing Address 147 E 91st St

City  
BrooklynState  
NYZip Code  
11212-1301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878862

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Melesia, , ,**

Mailing Address 147 E 91st St

City  
BrooklynState  
NYZip Code  
11212-1301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878863

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1768 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Melesia, , ,**

Mailing Address 147 E 91st St

City  
BrooklynState  
NYZip Code  
11212-1301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878864

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Melesia, , ,**

Mailing Address 147 E 91st St

City  
BrooklynState  
NYZip Code  
11212-1301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876051

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Melesia, , ,**

Mailing Address 147 E 91st St

City  
BrooklynState  
NYZip Code  
11212-1301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878860

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1769 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Octavia, , ,**Mailing Address 579 E Main St  
Apt 3City  
MiddletownState  
NYZip Code  
10940-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878463

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Octavia, , ,**Mailing Address 579 E Main St  
Apt 3City  
MiddletownState  
NYZip Code  
10940-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878464

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Octavia, , ,**Mailing Address 579 E Main St  
Apt 3City  
MiddletownState  
NYZip Code  
10940-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9878465

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1770 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFarlane, Octavia, , ,**Mailing Address 579 E Main St  
Apt 3City  
MiddletownState  
NYZip Code  
10940-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9878466

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McFarlane, Octavia, , ,**Mailing Address 579 E Main St  
Apt 3City  
MiddletownState  
NYZip Code  
10940-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875285

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFarlane, Octavia, , ,**Mailing Address 579 E Main St  
Apt 3City  
MiddletownState  
NYZip Code  
10940-2757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9878462

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1771 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKenzie, Keemo, , ,**

Mailing Address 13774 Westgate St

City  
Springfield Gardens

State  
NY

Zip Code  
11413-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRA

Occupation (for Individual)  
Audio Visual Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

07 / 14 / 2025

Transaction ID : 9879481

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKenzie, Keemo, , ,**

Mailing Address 13774 Westgate St

City  
Springfield Gardens

State  
NY

Zip Code  
11413-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRA

Occupation (for Individual)  
Audio Visual Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9879482

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKenzie, Keemo, , ,**

Mailing Address 13774 Westgate St

City  
Springfield Gardens

State  
NY

Zip Code  
11413-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRA

Occupation (for Individual)  
Audio Visual Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 15 / 2025

Transaction ID : 9879483

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1772 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKenzie, Keemo, , ,**

Mailing Address 13774 Westgate St

City  
Springfield GardensState  
NYZip Code  
11413-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Audio Visual Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879484

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKenzie, Keemo, , ,**

Mailing Address 13774 Westgate St

City  
Springfield GardensState  
NYZip Code  
11413-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Audio Visual Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874698

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKenzie, Keemo, , ,**

Mailing Address 13774 Westgate St

City  
Springfield GardensState  
NYZip Code  
11413-2641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
Audio Visual Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879480

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1773 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKenzie, Raina, , ,**

Mailing Address 121 Lincoln Ave

City  
TroyState  
NYZip Code  
12180-5622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Secretary - 8

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880348

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKenzie, Raina, , ,**

Mailing Address 121 Lincoln Ave

City  
TroyState  
NYZip Code  
12180-5622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Secretary - 8

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880349

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKenzie, Raina, , ,**

Mailing Address 121 Lincoln Ave

City  
TroyState  
NYZip Code  
12180-5622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Secretary - 8

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880350

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1774 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKenzie, Raina, , ,**

Mailing Address 121 Lincoln Ave

City  
Troy

State  
NY

Zip Code  
12180-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Secretary - 8

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880351**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKenzie, Raina, , ,**

Mailing Address 121 Lincoln Ave

City  
Troy

State  
NY

Zip Code  
12180-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Secretary - 8

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876803**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKenzie, Raina, , ,**

Mailing Address 121 Lincoln Ave

City  
Troy

State  
NY

Zip Code  
12180-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Secretary - 8

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9880347**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1775 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKenzie, Rupert, , ,**

Mailing Address 270 N Columbus Ave  
Null

City  
Freeport

State  
NY

Zip Code  
11520-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
HOUSEKEEPING SUP DAY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 07 / 2025

Transaction ID : 9876491

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKenzie, Rupert, , ,**

Mailing Address 270 N Columbus Ave  
Null

City  
Freeport

State  
NY

Zip Code  
11520-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
HOUSEKEEPING SUP DAY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 07 / 2025

Transaction ID : 9879796

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKenzie, Rupert, , ,**

Mailing Address 270 N Columbus Ave  
Null

City  
Freeport

State  
NY

Zip Code  
11520-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
HOUSEKEEPING SUP DAY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9876492

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1776 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKenzie, Rupert, , ,**Mailing Address 270 N Columbus Ave  
NullCity  
FreeportState  
NYZip Code  
11520-1634FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
HOUSEKEEPING SUP DAY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 12    | / | 2025        |

**Transaction ID : 9879797**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City

West Hempstead

State

NY

Zip Code

11552-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 18    | / | 2025        |

**Transaction ID : 9879832**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City

West Hempstead

State

NY

Zip Code

11552-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2025        |

**Transaction ID : 9879833**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1777 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9879834

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876331

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879835

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1778 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 10    | 15    | 2025        |

**Transaction ID : 9879838**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 11    | 17    | 2025        |

**Transaction ID : 9876332**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 11    | 17    | 2025        |

**Transaction ID : 9879839**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1779 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879836

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876333

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West HempsteadState  
NYZip Code  
11552-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879840

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1780 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinney, Marvin, , ,**

Mailing Address 258 Lenox Dr

City  
West Hempstead

State  
NY

Zip Code  
11552-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9879837**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City  
Mount Vernon

State  
NY

Zip Code  
10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarrytown Hall Care Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9878203**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City  
Mount Vernon

State  
NY

Zip Code  
10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarrytown Hall Care Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

**Transaction ID : 9878204**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1781 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City

Mount Vernon

State

NY

Zip Code

10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tarrytown Hall Care Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 10 / 2025

Transaction ID : 9878205

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City

Mount Vernon

State

NY

Zip Code

10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tarrytown Hall Care Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9875568

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City

Mount Vernon

State

NY

Zip Code

10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tarrytown Hall Care Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9878218

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1782 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City  
Mount Vernon

State  
NY

Zip Code  
10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarrytown Hall Care Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9878206**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City  
Mount Vernon

State  
NY

Zip Code  
10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarrytown Hall Care Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2025

**Transaction ID : 9875569**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City  
Mount Vernon

State  
NY

Zip Code  
10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarrytown Hall Care Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2025

**Transaction ID : 9878219**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1783 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City

Mount Vernon

State

NY

Zip Code

10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tarrytown Hall Care Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 9878207

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City

Mount Vernon

State

NY

Zip Code

10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tarrytown Hall Care Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 28 / 2025

Transaction ID : 9875570

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKinnon-Stephens, June, , ,**

Mailing Address 31 Cortlandt St  
Apt 6

City

Mount Vernon

State

NY

Zip Code

10550-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tarrytown Hall Care Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 28 / 2025

Transaction ID : 9878220

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1784 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKinnon-Stephens, June, , ,**Mailing Address 31 Cortlandt St  
Apt 6City  
Mount VernonState  
NYZip Code  
10550-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarrytown Hall Care CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878208

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
KissimmeeState  
FLZip Code  
34741-1670FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882407

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
KissimmeeState  
FLZip Code  
34741-1670FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882408

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1785 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
Kissimmee

State  
FL

Zip Code  
34741-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9875182

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
Kissimmee

State  
FL

Zip Code  
34741-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9882404

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
Kissimmee

State  
FL

Zip Code  
34741-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9875183

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1786 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
Kissimmee

State  
FL

Zip Code  
34741-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9882405**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
Kissimmee

State  
FL

Zip Code  
34741-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9875184**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McKnight, James, , ,**

Mailing Address 2520 Coral Ave

City  
Kissimmee

State  
FL

Zip Code  
34741-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9882406**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1787 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McLaughlin, Tia-Monet, , ,**

Mailing Address 9227 160th St  
Apt 708

City  
Jamaica

State  
NY

Zip Code  
11433-1475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 24 / 2025

**Transaction ID : 9875328**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLaughlin, Tia-Monet, , ,**

Mailing Address 9227 160th St  
Apt 708

City  
Jamaica

State  
NY

Zip Code  
11433-1475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 24 / 2025

**Transaction ID : 9879635**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McLaughlin, Tia-Monet, , ,**

Mailing Address 9227 160th St  
Apt 708

City  
Jamaica

State  
NY

Zip Code  
11433-1475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 22 / 2025

**Transaction ID : 9875329**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1788 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McLaughlin, Tia-Monet, , ,**Mailing Address 9227 160th St  
Apt 708City  
JamaicaState  
NYZip Code  
11433-1475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9879636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLaughlin, Tia-Monet, , ,**Mailing Address 9227 160th St  
Apt 708City  
JamaicaState  
NYZip Code  
11433-1475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875330

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McLaughlin, Tia-Monet, , ,**Mailing Address 9227 160th St  
Apt 708City  
JamaicaState  
NYZip Code  
11433-1475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Unit Cle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9879637

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1789 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McLeod, Leisa, , ,**Mailing Address 3510 Avenue H  
Apt 6RCity  
BrooklynState  
NYZip Code  
11210-3413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9876452

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLeod, Leisa, , ,**Mailing Address 3510 Avenue H  
Apt 6RCity  
BrooklynState  
NYZip Code  
11210-3413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876453

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McLeod, Leisa, , ,**Mailing Address 3510 Avenue H  
Apt 6RCity  
BrooklynState  
NYZip Code  
11210-3413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9876450

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1790 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McLeod, Leisa, , ,**

Mailing Address 3510 Avenue H  
Apt 6R

City  
Brooklyn

State  
NY

Zip Code  
11210-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876451

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLeod, Leisa, , ,**

Mailing Address 3510 Avenue H  
Apt 6R

City  
Brooklyn

State  
NY

Zip Code  
11210-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876454

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMillan, Desireene, , ,**

Mailing Address 738 Rutland Rd  
Null

City  
Brooklyn

State  
NY

Zip Code  
11203-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878691

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1791 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMillan, Desireene, , ,**Mailing Address 738 Rutland Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9878692

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMillan, Desireene, , ,**Mailing Address 738 Rutland Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9878693

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMillan, Desireene, , ,**Mailing Address 738 Rutland Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878694

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1792 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMillan, Desireene, , ,**Mailing Address 738 Rutland Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874794

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMillan, Desireene, , ,**Mailing Address 738 Rutland Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-1830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Unit Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878690

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMillan, Marsha, , ,**Mailing Address 409 N Broadway  
Apt 49City  
YonkersState  
NYZip Code  
10701-1936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MAMMOGRAPHY (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878304

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1793 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMillan, Marsha, , ,**Mailing Address 409 N Broadway  
Apt 49City  
YonkersState  
NYZip Code  
10701-1936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MAMMOGRAPHY (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878303

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMillan, Marsha, , ,**Mailing Address 409 N Broadway  
Apt 49City  
YonkersState  
NYZip Code  
10701-1936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MAMMOGRAPHY (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875264

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMillan, Marsha, , ,**Mailing Address 409 N Broadway  
Apt 49City  
YonkersState  
NYZip Code  
10701-1936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MAMMOGRAPHY (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878301

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1794 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMillan, Marsha, , ,**

Mailing Address 409 N Broadway  
Apt 49

City  
Yonkers

State  
NY

Zip Code  
10701-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
TECHNICIAN MAMMOGRAPHY (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9875265**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMillan, Marsha, , ,**

Mailing Address 409 N Broadway  
Apt 49

City  
Yonkers

State  
NY

Zip Code  
10701-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
TECHNICIAN MAMMOGRAPHY (A)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9878302**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

**Transaction ID : 9876399**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1795 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                            |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. McMullen, Linda, , ,</b>               |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 17 / 2025<br><b>Transaction ID : 9876400</b> |  |
| Mailing Address 2094 Ashland Blvd                                                                                               |             |                                                            | Amount of Each Receipt this Period<br>15.00                                                         |  |
| City<br>Orlando                                                                                                                 | State<br>FL | Zip Code<br>32808-4902                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Aviata at Rosewood                                                                         |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>330.00                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. McMullen, Linda, , ,</b>               |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 23 / 2025<br><b>Transaction ID : 9882010</b> |  |
| Mailing Address 2094 Ashland Blvd                                                                                               |             |                                                            | Amount of Each Receipt this Period<br>15.00                                                         |  |
| City<br>Orlando                                                                                                                 | State<br>FL | Zip Code<br>32808-4902                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Aviata at Rosewood                                                                         |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>330.00                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. McMullen, Linda, , ,</b>               |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 11 / 2025<br><b>Transaction ID : 9876401</b> |  |
| Mailing Address 2094 Ashland Blvd                                                                                               |             |                                                            | Amount of Each Receipt this Period<br>15.00                                                         |  |
| City<br>Orlando                                                                                                                 | State<br>FL | Zip Code<br>32808-4902                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Aviata at Rosewood                                                                         |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>330.00                         |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                           |             |                                                            | 45.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                 |             |                                                            |                                                                                                     |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1796 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

09 / 16 / 2025

Transaction ID : 9876402

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

09 / 30 / 2025

Transaction ID : 9876403

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 13 / 2025

Transaction ID : 9876404

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1797 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9876405**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 25 / 2025

**Transaction ID : 9882009**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMullen, Linda, , ,**

Mailing Address 2094 Ashland Blvd

City  
Orlando

State  
FL

Zip Code  
32808-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Rosewood

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9876406**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1798 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMurray, Cameron, , ,**

Mailing Address 2285 Rio Cir

City  
Spring HillState  
FLZip Code  
34608-4981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill HospitalOccupation (for Individual)  
MONITOR TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9874931

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMurray, Cameron, , ,**

Mailing Address 2285 Rio Cir

City  
Spring HillState  
FLZip Code  
34608-4981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill HospitalOccupation (for Individual)  
MONITOR TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9874933

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMurray, Cameron, , ,**

Mailing Address 2285 Rio Cir

City  
Spring HillState  
FLZip Code  
34608-4981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill HospitalOccupation (for Individual)  
MONITOR TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9874930

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1799 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMurray, Cameron, , ,**

Mailing Address 2285 Rio Cir

City  
Spring Hill

State  
FL

Zip Code  
34608-4981

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill Hospital

Occupation (for Individual)  
MONITOR TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2025

Transaction ID : 9874932

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McNair, Mya, , ,**

Mailing Address 27 Hidden Creek Blvd

City  
Monroe

State  
NY

Zip Code  
10950-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

07 / 30 / 2025

Transaction ID : 9878497

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McNair, Mya, , ,**

Mailing Address 27 Hidden Creek Blvd

City  
Monroe

State  
NY

Zip Code  
10950-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

09 / 10 / 2025

Transaction ID : 9878498

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1800 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNair, Mya, , ,**

Mailing Address 27 Hidden Creek Blvd

City  
Monroe

State  
NY

Zip Code  
10950-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

**Transaction ID : 9878499**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McNair, Mya, , ,**

Mailing Address 27 Hidden Creek Blvd

City  
Monroe

State  
NY

Zip Code  
10950-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : 9878496**

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McNair, Mya, , ,**

Mailing Address 27 Hidden Creek Blvd

City  
Monroe

State  
NY

Zip Code  
10950-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9876816**

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

64.61



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1801 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNair, Mya, , ,**

Mailing Address 27 Hidden Creek Blvd

City  
MonroeState  
NYZip Code  
10950-4188FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9878495

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McPherson, Charlene, , ,**Mailing Address 16902 Linden Blvd  
NullCity  
JamaicaState  
NYZip Code  
11434-1311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874259

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McPherson, Charlene, , ,**Mailing Address 16902 Linden Blvd  
NullCity  
JamaicaState  
NYZip Code  
11434-1311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879714

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1802 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McPherson, Charlene, , ,**Mailing Address 16902 Linden Blvd  
NullCity  
JamaicaState  
NYZip Code  
11434-1311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874260

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McPherson, Charlene, , ,**Mailing Address 16902 Linden Blvd  
NullCity  
JamaicaState  
NYZip Code  
11434-1311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9879715

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McTear, Sheonnele, , ,**Mailing Address 95 Linden Blvd  
Apt 54City  
BrooklynState  
NYZip Code  
11226-3311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879038

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1803 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McTear, Sheonnele, , ,**

Mailing Address 95 Linden Blvd  
Apt 54

City  
Brooklyn

State  
NY

Zip Code  
11226-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 11 / 2025

Transaction ID : 9879039

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McTear, Sheonnele, , ,**

Mailing Address 95 Linden Blvd  
Apt 54

City  
Brooklyn

State  
NY

Zip Code  
11226-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9873470

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McTear, Sheonnele, , ,**

Mailing Address 95 Linden Blvd  
Apt 54

City  
Brooklyn

State  
NY

Zip Code  
11226-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9879036

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1804 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McTear, Sheonnele, , ,**Mailing Address 95 Linden Blvd  
Apt 54City  
BrooklynState  
NYZip Code  
11226-3311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873471

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McTear, Sheonnele, , ,**Mailing Address 95 Linden Blvd  
Apt 54City  
BrooklynState  
NYZip Code  
11226-3311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Access Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879037

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Medina, Gabriel, , ,**Mailing Address 4015 10th St  
Apt 5DCity  
Long Island CityState  
NYZip Code  
11101-7432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878651

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1805 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Medina, Gabriel, , ,**Mailing Address 4015 10th St  
Apt 5DCity  
Long Island CityState  
NYZip Code  
11101-7432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878652

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Medina, Gabriel, , ,**Mailing Address 4015 10th St  
Apt 5DCity  
Long Island CityState  
NYZip Code  
11101-7432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876583

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Medina, Gabriel, , ,**Mailing Address 4015 10th St  
Apt 5DCity  
Long Island CityState  
NYZip Code  
11101-7432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878649

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1806 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Medina, Gabriel, , ,**

Mailing Address 4015 10th St  
Apt 5D

City  
Long Island City

State  
NY

Zip Code  
11101-7432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9876584**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Medina, Gabriel, , ,**

Mailing Address 4015 10th St  
Apt 5D

City  
Long Island City

State  
NY

Zip Code  
11101-7432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9878650**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mednard, Vivette, , ,**

Mailing Address 197 S Conger Ave

City  
Congers

State  
NY

Zip Code  
10920-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9878443**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1807 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mednard, Vivette, , ,**

Mailing Address 197 S Conger Ave

City  
CongersState  
NYZip Code  
10920-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878442

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mednard, Vivette, , ,**

Mailing Address 197 S Conger Ave

City  
CongersState  
NYZip Code  
10920-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mednard, Vivette, , ,**

Mailing Address 197 S Conger Ave

City  
CongersState  
NYZip Code  
10920-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878445

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1808 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mednard, Vivette, , ,**

Mailing Address 197 S Conger Ave

City  
CongersState  
NYZip Code  
10920-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875154

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mednard, Vivette, , ,**

Mailing Address 197 S Conger Ave

City  
CongersState  
NYZip Code  
10920-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9878441

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881512

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1809 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9874499

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9874411

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9874500

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1810 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9874501

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9874502

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9874503

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1811 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**

Mailing Address **14 C Flannery Ave**  
**Apt C**

City  
Poughkeepsie

State  
NY

Zip Code  
12601-3602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**09 / 12 / 2025**

**Transaction ID : 9874504**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**

Mailing Address **14 C Flannery Ave**  
**Apt C**

City  
Poughkeepsie

State  
NY

Zip Code  
12601-3602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**09 / 17 / 2025**

**Transaction ID : 9874506**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**

Mailing Address **14 C Flannery Ave**  
**Apt C**

City  
Poughkeepsie

State  
NY

Zip Code  
12601-3602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**09 / 24 / 2025**

**Transaction ID : 9874505**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**30.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1812 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9874508

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874507

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874510

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1813 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9874509

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9874511

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874513

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1814 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt C

City

Poughkeepsie

State

NY

Zip Code

12601-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874512

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt C

City

Poughkeepsie

State

NY

Zip Code

12601-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874515

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt C

City

Poughkeepsie

State

NY

Zip Code

12601-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874517

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1815 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874516

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874514

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874519

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1816 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meeks, Moilet, , ,**Mailing Address 14 C Flannery Ave  
Apt CCity  
PoughkeepsieState  
NYZip Code  
12601-3602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9874518

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mejia, Janell, , ,**Mailing Address 325 1st St  
Apt D5City  
BrooklynState  
NYZip Code  
11215-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Financial Services Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878924

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mejia, Janell, , ,**Mailing Address 325 1st St  
Apt D5City  
BrooklynState  
NYZip Code  
11215-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Financial Services Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875679

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1817 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mejia, Janell, , ,**Mailing Address 325 1st St  
Apt D5City  
BrooklynState  
NYZip Code  
11215-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Financial Services Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9878923

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mejia, Janell, , ,**Mailing Address 325 1st St  
Apt D5City  
BrooklynState  
NYZip Code  
11215-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Financial Services Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875678

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mejia, Janell, , ,**Mailing Address 325 1st St  
Apt D5City  
BrooklynState  
NYZip Code  
11215-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Financial Services Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9878922

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1818 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9874226

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9874227

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9874228

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1819 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874229

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9874230

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874231

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1820 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mejia, Karen, , ,**Mailing Address 182 Montgomery St  
Apt 1City  
NewburghState  
NYZip Code  
12550-6843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874232

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Melendez, Melody, , ,**Mailing Address 1311 W Farms Rd  
NullCity  
BronxState  
NYZip Code  
10459-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9877685

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Melendez, Melody, , ,**Mailing Address 1311 W Farms Rd  
NullCity  
BronxState  
NYZip Code  
10459-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9877686

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1821 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Melendez, Melody, , ,**

Mailing Address 1311 W Farms Rd

Null

City  
BronxState  
NYZip Code  
10459-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9877687

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Melendez, Melody, , ,**

Mailing Address 1311 W Farms Rd

Null

City  
BronxState  
NYZip Code  
10459-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873724

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Melendez, Melody, , ,**

Mailing Address 1311 W Farms Rd

Null

City  
BronxState  
NYZip Code  
10459-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877684

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1822 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Melendez, Melody, , ,**Mailing Address 1311 W Farms Rd  
NullCity  
BronxState  
NYZip Code  
10459-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9877688

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Memminger, Tommie, , ,**Mailing Address 100 Co Op City Blvd  
Apt 12HCity  
BronxState  
NYZip Code  
10475-3852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875348

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Memminger, Tommie, , ,**Mailing Address 100 Co Op City Blvd  
Apt 12HCity  
BronxState  
NYZip Code  
10475-3852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9875349

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1823 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Memminger, Tommie, , ,**Mailing Address 100 Co Op City Blvd  
Apt 12HCity  
BronxState  
NYZip Code  
10475-3852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875350

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Memminger, Tommie, , ,**Mailing Address 100 Co Op City Blvd  
Apt 12HCity  
BronxState  
NYZip Code  
10475-3852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875351

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Memminger, Tommie, , ,**Mailing Address 100 Co Op City Blvd  
Apt 12HCity  
BronxState  
NYZip Code  
10475-3852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875352

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1824 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Memminger, Tommie, , ,**Mailing Address 100 Co Op City Blvd  
Apt 12HCity  
BronxState  
NYZip Code  
10475-3852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875353

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mendoza, Yanet, , ,**

Mailing Address 9674 NW 10th Ave

City  
MiamiState  
FLZip Code  
33150-1802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
HOUSEKEEPING HOURLY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9874139

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mendoza, Yanet, , ,**

Mailing Address 9674 NW 10th Ave

City  
MiamiState  
FLZip Code  
33150-1802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
HOUSEKEEPING HOURLY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9874141

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1825 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mendoza, Yanet, , ,**

Mailing Address 9674 NW 10th Ave

City  
Miami

State  
FL

Zip Code  
33150-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. Center

Occupation (for Individual)  
HOUSEKEEPING HOURLY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

07 / 21 / 2025

Transaction ID : 9882130

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mendoza, Yanet, , ,**

Mailing Address 9674 NW 10th Ave

City  
Miami

State  
FL

Zip Code  
33150-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. Center

Occupation (for Individual)  
HOUSEKEEPING HOURLY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9874140

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mendoza, Yanet, , ,**

Mailing Address 9674 NW 10th Ave

City  
Miami

State  
FL

Zip Code  
33150-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. Center

Occupation (for Individual)  
HOUSEKEEPING HOURLY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9874142

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1826 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mendoza, Yanet, , ,**

Mailing Address 9674 NW 10th Ave

City  
MiamiState  
FLZip Code  
33150-1802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
HOUSEKEEPING HOURLY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874143

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mensah, Augustina, , ,**Mailing Address 203 E 4th St  
Apt 5BCity  
Mount VernonState  
NYZip Code  
10553-1431FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878238

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mensah, Augustina, , ,**Mailing Address 203 E 4th St  
Apt 5BCity  
Mount VernonState  
NYZip Code  
10553-1431FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9878240

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1827 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mensah, Augustina, , ,**Mailing Address 203 E 4th St  
Apt 5B

City

Mount Vernon

State

NY

Zip Code

10553-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Providence Rest Nursing Home

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9878241

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mensah, Augustina, , ,**Mailing Address 203 E 4th St  
Apt 5B

City

Mount Vernon

State

NY

Zip Code

10553-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Providence Rest Nursing Home

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875162

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mensah, Augustina, , ,**Mailing Address 203 E 4th St  
Apt 5B

City

Mount Vernon

State

NY

Zip Code

10553-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Providence Rest Nursing Home

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878237

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1828 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mensah, Augustina, , ,**Mailing Address 203 E 4th St  
Apt 5B

City

Mount Vernon

State

NY

Zip Code

10553-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Providence Rest Nursing Home

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878239

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mercedes, Jonah, , ,**Mailing Address 757 Bushwick Ave  
Apt 2H

City

Brooklyn

State

NY

Zip Code

11221-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wyckoff Heights Hospital

Occupation (for Individual)

Admission representative

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881318

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mercedes, Jonah, , ,**Mailing Address 757 Bushwick Ave  
Apt 2H

City

Brooklyn

State

NY

Zip Code

11221-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wyckoff Heights Hospital

Occupation (for Individual)

Admission representative

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9881319

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1829 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mercedes, Jonah, , ,**Mailing Address 757 Bushwick Ave  
Apt 2HCity  
BrooklynState  
NYZip Code  
11221-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Admission representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875761

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mercedes, Jonah, , ,**Mailing Address 757 Bushwick Ave  
Apt 2HCity  
BrooklynState  
NYZip Code  
11221-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Admission representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9881316

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mercedes, Jonah, , ,**Mailing Address 757 Bushwick Ave  
Apt 2HCity  
BrooklynState  
NYZip Code  
11221-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Admission representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875762

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1830 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mercedes, Jonah, , ,**Mailing Address 757 Bushwick Ave  
Apt 2HCity  
BrooklynState  
NYZip Code  
11221-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wyckoff Heights HospitalOccupation (for Individual)  
Admission representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9881317

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mercedes, Tracy, , ,**Mailing Address 914 Wheeler Ave  
Apt 2City  
BronxState  
NYZip Code  
10473-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
OUTREACH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881116

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mercedes, Tracy, , ,**Mailing Address 914 Wheeler Ave  
Apt 2City  
BronxState  
NYZip Code  
10473-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
OUTREACH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881117

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1831 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mercedes, Tracy, , ,**Mailing Address 914 Wheeler Ave  
Apt 2City  
BronxState  
NYZip Code  
10473-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
OUTREACH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876215

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mercedes, Tracy, , ,**Mailing Address 914 Wheeler Ave  
Apt 2City  
BronxState  
NYZip Code  
10473-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
OUTREACH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881114

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mercedes, Tracy, , ,**Mailing Address 914 Wheeler Ave  
Apt 2City  
BronxState  
NYZip Code  
10473-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
OUTREACH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876216

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1832 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mercedes, Tracy, , ,**Mailing Address 914 Wheeler Ave  
Apt 2City  
BronxState  
NYZip Code  
10473-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
OUTREACH SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881115

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merina, Winelson, , ,**

Mailing Address 88 Cherry Hill Dr

City  
BridgeportState  
CTZip Code  
06606-5814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9875472

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Merina, Winelson, , ,**

Mailing Address 88 Cherry Hill Dr

City  
BridgeportState  
CTZip Code  
06606-5814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9875473

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1833 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Merina, Winelson, , ,**

Mailing Address 88 Cherry Hill Dr

City  
BridgeportState  
CTZip Code  
06606-5814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9875474

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merina, Winelson, , ,**

Mailing Address 88 Cherry Hill Dr

City  
BridgeportState  
CTZip Code  
06606-5814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9875475

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Merina, Winelson, , ,**

Mailing Address 88 Cherry Hill Dr

City  
BridgeportState  
CTZip Code  
06606-5814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875476

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1834 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Merina, Winelson, , ,**

Mailing Address 88 Cherry Hill Dr

City  
BridgeportState  
CTZip Code  
06606-5814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
RESPIRATORY THERAPIST-REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875477

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merritt, Ateka, , ,**

Mailing Address 658 Hemlock St

City  
BrooklynState  
NYZip Code  
11208-3940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9878797

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Merritt, Ateka, , ,**

Mailing Address 658 Hemlock St

City  
BrooklynState  
NYZip Code  
11208-3940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9878798

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1835 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Merritt, Ateka, , ,**

Mailing Address 658 Hemlock St

City  
BrooklynState  
NYZip Code  
11208-3940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875306

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merritt, Ateka, , ,**

Mailing Address 658 Hemlock St

City  
BrooklynState  
NYZip Code  
11208-3940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878796

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Merza, Bernice, , ,**

Mailing Address 1744 Elmwood Ave

City  
Niagara FallsState  
NYZip Code  
14301-1308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niagara Falls Mem Medical CenterOccupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881781

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

58.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1836 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Merza, Bernice, , ,**

Mailing Address 1744 Elmwood Ave

City  
Niagara Falls

State  
NY

Zip Code  
14301-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niagara Falls Mem Medical Center

Occupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

08 / 29 / 2025

Transaction ID : 9881780

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merza, Bernice, , ,**

Mailing Address 1744 Elmwood Ave

City  
Niagara Falls

State  
NY

Zip Code  
14301-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niagara Falls Mem Medical Center

Occupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

10 / 03 / 2025

Transaction ID : 9881782

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Merza, Bernice, , ,**

Mailing Address 1744 Elmwood Ave

City  
Niagara Falls

State  
NY

Zip Code  
14301-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niagara Falls Mem Medical Center

Occupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

11 / 05 / 2025

Transaction ID : 9881783

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

64.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1837 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Merza, Bernice, , ,**

Mailing Address 1744 Elmwood Ave

City  
Niagara Falls

State  
NY

Zip Code  
14301-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niagara Falls Mem Medical Center

Occupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9874427

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merza, Bernice, , ,**

Mailing Address 1744 Elmwood Ave

City  
Niagara Falls

State  
NY

Zip Code  
14301-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niagara Falls Mem Medical Center

Occupation (for Individual)  
First Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9881779

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mesa, Jose, , ,**

Mailing Address 1020 Grand Concourse  
Apt 20D

City  
Bronx

State  
NY

Zip Code  
10451-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882486

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

56.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1838 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mesa, Jose, , ,**Mailing Address 1020 Grand Concourse  
Apt 20DCity  
BronxState  
NYZip Code  
10451-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882487

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mesa, Jose, , ,**Mailing Address 1020 Grand Concourse  
Apt 20DCity  
BronxState  
NYZip Code  
10451-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875359

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mesa, Jose, , ,**Mailing Address 1020 Grand Concourse  
Apt 20DCity  
BronxState  
NYZip Code  
10451-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882484

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1839 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mesa, Jose, , ,**Mailing Address 1020 Grand Concourse  
Apt 20DCity  
BronxState  
NYZip Code  
10451-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875360

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mesa, Jose, , ,**Mailing Address 1020 Grand Concourse  
Apt 20DCity  
BronxState  
NYZip Code  
10451-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mesidor, Lise, , ,**

Mailing Address 108 SW Carter Ave

City  
Port Saint LucieState  
FLZip Code  
34983-3008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St. Lucie HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882438

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1840 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                  |                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Mesidor, Lise, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 18 / 2025<br><b>Transaction ID : 9882439</b> |  |
| Mailing Address 108 SW Carter Ave                                                                                               |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                   |  |
| City<br>Port Saint Lucie                                                                                                        | State<br>FL | Zip Code<br>34983-3008                           | <input type="checkbox"/> Memo Item                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                               |  |
| Name of Employer (for Individual)<br>HCA Florida St. Lucie Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech |                                                                                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                  |                                                                                               |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Mesidor, Lise, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 26 / 2025<br><b>Transaction ID : 9874680</b> |  |
| Mailing Address 108 SW Carter Ave                                                                                               |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                   |  |
| City<br>Port Saint Lucie                                                                                                        | State<br>FL | Zip Code<br>34983-3008                           | <input type="checkbox"/> Memo Item                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                               |  |
| Name of Employer (for Individual)<br>HCA Florida St. Lucie Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech |                                                                                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                  |                                                                                               |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Mesidor, Lise, , ,</b>                 |             |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 26 / 2025<br><b>Transaction ID : 9882435</b> |  |
| Mailing Address 108 SW Carter Ave                                                                                               |             |                                                  | Amount of Each Receipt this Period<br>10.00                                                   |  |
| City<br>Port Saint Lucie                                                                                                        | State<br>FL | Zip Code<br>34983-3008                           | <input type="checkbox"/> Memo Item                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>230.00               |                                                                                               |  |
| Name of Employer (for Individual)<br>HCA Florida St. Lucie Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech |                                                                                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                  |                                                                                               |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                  | 30.00                                                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                  |                                                                                               |  |



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1841 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mesidor, Lise, , ,**

Mailing Address 108 SW Carter Ave

City

Port Saint Lucie

State

FL

Zip Code

34983-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9874681

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mesidor, Lise, , ,**

Mailing Address 108 SW Carter Ave

City

Port Saint Lucie

State

FL

Zip Code

34983-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9882436

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mesidor, Lise, , ,**

Mailing Address 108 SW Carter Ave

City

Port Saint Lucie

State

FL

Zip Code

34983-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 21 / 2025

Transaction ID : 9874682

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1842 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                            |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Mesidor, Lise, , ,</b>                 |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 21 / 2025<br><b>Transaction ID : 9882437</b> |  |
| Mailing Address 108 SW Carter Ave                                                                                               |             |                                                            | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Port Saint Lucie                                                                                                        | State<br>FL | Zip Code<br>34983-3008                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida St. Lucie Hospital                                                             |             | Occupation (for Individual)<br>Patient Care Tech           |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Metz Molina, Alejandra, , ,</b>        |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 25 / 2025<br><b>Transaction ID : 9874835</b> |  |
| Mailing Address 1900 Belmont Ave<br>Apt 2H                                                                                      |             |                                                            | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10457-6336                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Beth Abraham Centers for Care                                                              |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Metz Molina, Alejandra, , ,</b>        |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2025<br><b>Transaction ID : 9874836</b> |  |
| Mailing Address 1900 Belmont Ave<br>Apt 2H                                                                                      |             |                                                            | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10457-6336                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                            |                                                                                                     |  |
| Name of Employer (for Individual)<br>Beth Abraham Centers for Care                                                              |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                            | 50.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                            |                                                                                                     |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1843 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
Rosedale

State  
NY

Zip Code  
11422-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of N

Occupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2025

**Transaction ID : 9879593**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
Rosedale

State  
NY

Zip Code  
11422-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of N

Occupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9879592**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
Rosedale

State  
NY

Zip Code  
11422-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of N

Occupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9879594**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1844 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
RosedaleState  
NYZip Code  
11422-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873595

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
RosedaleState  
NYZip Code  
11422-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9879590

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
RosedaleState  
NYZip Code  
11422-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873596

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1845 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Michel, Junior, , ,**

Mailing Address 24026 146th Ave

City  
RosedaleState  
NYZip Code  
11422-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9879591

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Middleton, Anthony, , ,**Mailing Address 11702 7th Ln N  
Apt 3

City

Saint Petersburg

State  
FLZip Code  
33716-2502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northside HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9881342

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Middleton, Anthony, , ,**Mailing Address 11702 7th Ln N  
Apt 3

City

Saint Petersburg

State  
FLZip Code  
33716-2502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northside HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874640

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1846 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Middleton, Anthony, , ,**Mailing Address 11702 7th Ln N  
Apt 3City  
Saint PetersburgState  
FLZip Code  
33716-2502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northside HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9881341

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
YonkersState  
NYZip Code  
10701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878323

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
YonkersState  
NYZip Code  
10701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878324

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1847 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
Yonkers

State  
NY

Zip Code  
10701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 02 / 2025

Transaction ID : 9878325

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
Yonkers

State  
NY

Zip Code  
10701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 25 / 2025

Transaction ID : 9878326

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
Yonkers

State  
NY

Zip Code  
10701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 29 / 2025

Transaction ID : 9878327

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1848 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
Yonkers

State  
NY

Zip Code  
10701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9873832**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Middleton, Arshma, , ,**

Mailing Address 89 Vancourtlandt Park Ave

City  
Yonkers

State  
NY

Zip Code  
10701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

**Transaction ID : 9878322**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miles, Bamidele, , ,**

Mailing Address 307 K St NW  
Apt 619

City  
Washington

State  
DC

Zip Code  
20001-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
TECHNICAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 11 / 2025

**Transaction ID : 9881449**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1849 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miles, Bamidele, , ,**

Mailing Address 307 K St NW  
Apt 619

City  
Washington

State  
DC

Zip Code  
20001-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
TECHNICAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9881450**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miles, Bamidele, , ,**

Mailing Address 307 K St NW  
Apt 619

City  
Washington

State  
DC

Zip Code  
20001-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
TECHNICAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9881451**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miles, Bamidele, , ,**

Mailing Address 307 K St NW  
Apt 619

City  
Washington

State  
DC

Zip Code  
20001-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
TECHNICAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9874276**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1850 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miles, Bamidele, , ,**Mailing Address 307 K St NW  
Apt 619City  
WashingtonState  
DCZip Code  
20001-3577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
TECHNICAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9881448

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882796

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882797

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1851 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Milien, Marie, , ,**Mailing Address 618 E 80th St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873670

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Milien, Marie, , ,**Mailing Address 618 E 80th St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9873671

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874695

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1852 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882793

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Milien, Marie, , ,**Mailing Address 618 E 80th St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3312FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9873669

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Milien, Marie, , ,**Mailing Address 618 E 80th St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3312FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873672

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1853 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874696

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882794

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874697

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1854 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Milien, Marie, , ,**

Mailing Address 1340 NW 51st Ave

City  
LauderhillState  
FLZip Code  
33313-5520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northwest HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882795

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Jetta, , ,**Mailing Address 165 Speer Ave  
FI 2City  
CliftonState  
NJZip Code  
07013-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Medical Assistant/Patient Service Repr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881609

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Jetta, , ,**Mailing Address 165 Speer Ave  
FI 2City  
CliftonState  
NJZip Code  
07013-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Medical Assistant/Patient Service Repr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9881610

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1855 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Jetta, , ,**Mailing Address 165 Speer Ave  
FI 2City  
CliftonState  
NJZip Code  
07013-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Medical Assistant/Patient Service Repr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873566

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Jetta, , ,**Mailing Address 165 Speer Ave  
FI 2City  
CliftonState  
NJZip Code  
07013-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Medical Assistant/Patient Service Repr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881607

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Jetta, , ,**Mailing Address 165 Speer Ave  
FI 2City  
CliftonState  
NJZip Code  
07013-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Medical Assistant/Patient Service Repr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873567

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1856 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Jetta, , ,**

Mailing Address **165 Speer Ave**  
**Fl 2**

City  
**Clifton**

State  
**NJ**

Zip Code  
**07013-2926**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Mount Sinai Beth Israel Medical Center**

Occupation (for Individual)  
**Medical Assistant/Patient Service Repr**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**12 / 04 / 2025**

**Transaction ID : 9881608**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Marcus, , ,**

Mailing Address **941 Washington Avenue**  
**Apt 3C**

City  
**Brooklyn**

State  
**NY**

Zip Code  
**11225**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Legal Aid Society**

Occupation (for Individual)  
**Paralegal I**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 13 / 2025**

**Transaction ID : 9876501**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Marcus, , ,**

Mailing Address **941 Washington Avenue**  
**Apt 3C**

City  
**Brooklyn**

State  
**NY**

Zip Code  
**11225**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Legal Aid Society**

Occupation (for Individual)  
**Paralegal I**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 13 / 2025**

**Transaction ID : 9879000**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**60.00**



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1857 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Marcus, , ,**Mailing Address 941 Washington Avenue  
Apt 3CCity  
BrooklynState  
NYZip Code  
11225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legal Aid SocietyOccupation (for Individual)  
Paralegal I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9876502

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Millman, Stacey, , ,**

Mailing Address PO Box 74

City  
CochectonState  
NYZip Code  
12726-0074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
Chief Member Exprience Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875582

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Millman, Stacey, , ,**

Mailing Address PO Box 74

City  
CochectonState  
NYZip Code  
12726-0074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
Chief Member Exprience Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9875584

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

420.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1858 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Millman, Stacey, , ,**

Mailing Address PO Box 74

City  
CochectonState  
NYZip Code  
12726-0074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
Chief Member Exprience Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9875583

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Millman, Stacey, , ,**

Mailing Address PO Box 74

City  
CochectonState  
NYZip Code  
12726-0074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
Chief Member Exprience Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9875585

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Millman, Stacey, , ,**

Mailing Address PO Box 74

City  
CochectonState  
NYZip Code  
12726-0074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
Chief Member Exprience Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875586

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1859 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mills, Allian, , ,**Mailing Address 13418 222nd St  
FI 1City  
LaureltonState  
NYZip Code  
11413-2033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879467

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mills, Allian, , ,**Mailing Address 13418 222nd St  
FI 1City  
LaureltonState  
NYZip Code  
11413-2033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9879468

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mills, Allian, , ,**Mailing Address 13418 222nd St  
FI 1City  
LaureltonState  
NYZip Code  
11413-2033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2025

Transaction ID : 9879469

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1860 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mills, Allian, , ,**Mailing Address **13418 222nd St**  
**FI 1**City  
LaureltonState  
NYZip Code  
11413-2033FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 01    | / | 2025        |

**Transaction ID : 9879470**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mills, Allian, , ,**Mailing Address **13418 222nd St**  
**FI 1**City  
LaureltonState  
NYZip Code  
11413-2033FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 08    | / | 2025        |

**Transaction ID : 9875614**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mills, Allian, , ,**Mailing Address **13418 222nd St**  
**FI 1**City  
LaureltonState  
NYZip Code  
11413-2033FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
All Metro Home Health AidOccupation (for Individual)  
Field Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 08    | / | 2025        |

**Transaction ID : 9879466**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1861 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mingelgreen, Lindsey, , ,**

Mailing Address 31 Valley Ln W

City  
Valley Stream

State  
NY

Zip Code  
11581-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2025

**Transaction ID : 9879960**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mingelgreen, Lindsey, , ,**

Mailing Address 31 Valley Ln W

City  
Valley Stream

State  
NY

Zip Code  
11581-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

**Transaction ID : 9875674**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mingelgreen, Lindsey, , ,**

Mailing Address 31 Valley Ln W

City  
Valley Stream

State  
NY

Zip Code  
11581-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

**Transaction ID : 9879958**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1862 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mingelgreen, Lindsey, , ,**

Mailing Address 31 Valley Ln W

City  
Valley StreamState  
NYZip Code  
11581-3632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875675

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mingelgreen, Lindsey, , ,**

Mailing Address 31 Valley Ln W

City  
Valley StreamState  
NYZip Code  
11581-3632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Creative Arts Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879959

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mingle, Meldrick, , ,**Mailing Address 763 E 224th St  
Apt 21City  
BronxState  
NYZip Code  
10466-4205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881103

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

57.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1863 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mingle, Meldrick, , ,**Mailing Address 763 E 224th St  
Apt 21City  
BronxState  
NYZip Code  
10466-4205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881104

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mingle, Meldrick, , ,**Mailing Address 763 E 224th St  
Apt 21City  
BronxState  
NYZip Code  
10466-4205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881105

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mingle, Meldrick, , ,**Mailing Address 763 E 224th St  
Apt 21City  
BronxState  
NYZip Code  
10466-4205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881106

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

51.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1864 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mingle, Meldrick, , ,**Mailing Address 763 E 224th St  
Apt 21City  
BronxState  
NYZip Code  
10466-4205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876214

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mingle, Meldrick, , ,**Mailing Address 763 E 224th St  
Apt 21City  
BronxState  
NYZip Code  
10466-4205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881102

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miranda, Nancy, , ,**Mailing Address 2970 Marion Ave  
Apt 4BCity  
BronxState  
NYZip Code  
10458-2258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877647

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

54.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1865 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miranda, Nancy, , ,**Mailing Address 2970 Marion Ave  
Apt 4BCity  
BronxState  
NYZip Code  
10458-2258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9877648

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miranda, Nancy, , ,**Mailing Address 2970 Marion Ave  
Apt 4BCity  
BronxState  
NYZip Code  
10458-2258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877649

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miranda, Nancy, , ,**Mailing Address 2970 Marion Ave  
Apt 4BCity  
BronxState  
NYZip Code  
10458-2258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877650

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1866 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miranda, Nancy, , ,**Mailing Address 2970 Marion Ave  
Apt 4BCity  
BronxState  
NYZip Code  
10458-2258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875877

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miranda, Nancy, , ,**Mailing Address 2970 Marion Ave  
Apt 4BCity  
BronxState  
NYZip Code  
10458-2258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Admin Employee - ADSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9877646

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mitchell, Michael, , ,**

Mailing Address 138 49 BARCLAY Ave

City  
FlushingState  
NYZip Code  
11355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879250

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1867 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mitchell, Michael, , ,**

Mailing Address 138 49 BARCLAY Ave

City  
FlushingState  
NYZip Code  
11355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879251

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mitchell, Michael, , ,**

Mailing Address 138 49 BARCLAY Ave

City  
FlushingState  
NYZip Code  
11355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879252

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mitchell, Michael, , ,**

Mailing Address 138 49 BARCLAY Ave

City  
FlushingState  
NYZip Code  
11355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9879253

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1868 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mitchell, Michael, , ,**

Mailing Address 138 49 BARCLAY Ave

City  
FlushingState  
NYZip Code  
11355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876045

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mitchell, Michael, , ,**

Mailing Address 138 49 BARCLAY Ave

City  
FlushingState  
NYZip Code  
11355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879249

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mohammed, Rabiata, , ,**Mailing Address 2479 University Ave  
Apt 23City  
BronxState  
NYZip Code  
10468-5608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881167

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1869 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mohammed, Rabiatsu, , ,**Mailing Address 2479 University Ave  
Apt 23City  
BronxState  
NYZip Code  
10468-5608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881168

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mohammed, Rabiatsu, , ,**Mailing Address 2479 University Ave  
Apt 23City  
BronxState  
NYZip Code  
10468-5608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876233

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mohammed, Rabiatsu, , ,**Mailing Address 2479 University Ave  
Apt 23City  
BronxState  
NYZip Code  
10468-5608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881165

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1870 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mohammed, Rabiatu, , ,**Mailing Address 2479 University Ave  
Apt 23City  
BronxState  
NYZip Code  
10468-5608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876234

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mohammed, Rabiatu, , ,**Mailing Address 2479 University Ave  
Apt 23City  
BronxState  
NYZip Code  
10468-5608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881166

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City  
North Miami BeachState  
FLZip Code  
33162-4725FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Miami Shores Nursing & Rehab. CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9874050

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1871 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Miami Shores Nursing & Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

07 / 21 / 2025

Transaction ID : 9882159

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Miami Shores Nursing & Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

07 / 21 / 2025

Transaction ID : 9882160

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Miami Shores Nursing & Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 23 / 2025

Transaction ID : 9874052

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1872 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Miami Shores Nursing & Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

**09 / 23 / 2025**

**Transaction ID : 9874053**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Miami Shores Nursing & Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

**09 / 23 / 2025**

**Transaction ID : 9882161**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Miami Shores Nursing & Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

**11 / 10 / 2025**

**Transaction ID : 9874051**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1873 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Miami Shores Nursing &amp; Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874054

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Momperousse, Ina, , ,**

Mailing Address 1525 NE 159th St

City

North Miami Beach

State

FL

Zip Code

33162-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Miami Shores Nursing &amp; Rehab. Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9874055

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moncion, Francisco, , ,**

Mailing Address 11 Granada Cres

Apt 5

City

White Plains

State

NY

Zip Code

10603-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

White Plains Hospital

Occupation (for Individual)

BUILDING SERVICES AIDE

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878264

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1874 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moncion, Francisco, , ,**Mailing Address **11 Granada Cres**  
**Apt 5**City  
**White Plains**State  
**NY**Zip Code  
**10603-1216**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**White Plains Hospital**Occupation (for Individual)  
**BUILDING SERVICES AIDE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 30    |   | 2025        |

**Transaction ID : 9878265**

Amount of Each Receipt this Period

**10.00**☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moncion, Francisco, , ,**Mailing Address **11 Granada Cres**  
**Apt 5**City  
**White Plains**State  
**NY**Zip Code  
**10603-1216**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**White Plains Hospital**Occupation (for Individual)  
**BUILDING SERVICES AIDE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 08    |   | 2025        |

**Transaction ID : 9878266**

Amount of Each Receipt this Period

**10.00**☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moncion, Francisco, , ,**Mailing Address **11 Granada Cres**  
**Apt 5**City  
**White Plains**State  
**NY**Zip Code  
**10603-1216**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**White Plains Hospital**Occupation (for Individual)  
**BUILDING SERVICES AIDE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 22    |   | 2025        |

**Transaction ID : 9878267**

Amount of Each Receipt this Period

**10.00**☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**30.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1875 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moncion, Francisco, , ,**Mailing Address 11 Granada Cres  
Apt 5City  
White PlainsState  
NYZip Code  
10603-1216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9878268

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moncion, Francisco, , ,**Mailing Address 11 Granada Cres  
Apt 5City  
White PlainsState  
NYZip Code  
10603-1216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875980

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moncion, Francisco, , ,**Mailing Address 11 Granada Cres  
Apt 5City  
White PlainsState  
NYZip Code  
10603-1216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878262

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1876 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moncion, Francisco, , ,**

Mailing Address 11 Granada Cres  
Apt 5

City  
White Plains

State  
NY

Zip Code  
10603-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9875979

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moncion, Francisco, , ,**

Mailing Address 11 Granada Cres  
Apt 5

City  
White Plains

State  
NY

Zip Code  
10603-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9878261

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moncion, Francisco, , ,**

Mailing Address 11 Granada Cres  
Apt 5

City  
White Plains

State  
NY

Zip Code  
10603-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains Hospital

Occupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9875981

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1877 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moncion, Francisco, , ,**Mailing Address 11 Granada Cres  
Apt 5City  
White PlainsState  
NYZip Code  
10603-1216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Plains HospitalOccupation (for Individual)  
BUILDING SERVICES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878263

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Monereau, Marie, , ,**

Mailing Address 122 Ridgeline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882723

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Monereau, Marie, , ,**

Mailing Address 122 Ridgeline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882724

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1878 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Monereau, Marie, , ,**

Mailing Address 122 Ridgeline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875373

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Monereau, Marie, , ,**

Mailing Address 122 Ridgeline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882721

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Monereau, Marie, , ,**

Mailing Address 122 Ridgeline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875374

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1879 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Monereau, Marie, , ,**

Mailing Address 122 Ridgeline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882722

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montalvo, Linda, , ,**Mailing Address 4014 W Waters Ave  
Apt 403

City

Tampa

State

FL

Zip Code

33614-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gandy Crossing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9875512

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montalvo, Linda, , ,**Mailing Address 4014 W Waters Ave  
Apt 403

City

Tampa

State

FL

Zip Code

33614-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gandy Crossing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9875513

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1880 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montalvo, Linda, , ,**

Mailing Address 4014 W Waters Ave  
Apt 403

City  
Tampa

State  
FL

Zip Code  
33614-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gandy Crossing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 04 / 2025

Transaction ID : 9875514

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montalvo, Linda, , ,**

Mailing Address 4014 W Waters Ave  
Apt 403

City  
Tampa

State  
FL

Zip Code  
33614-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gandy Crossing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 12 / 2025

Transaction ID : 9875517

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montalvo, Linda, , ,**

Mailing Address 4014 W Waters Ave  
Apt 403

City  
Tampa

State  
FL

Zip Code  
33614-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gandy Crossing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 25 / 2025

Transaction ID : 9875515

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1881 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montalvo, Linda, , ,**Mailing Address 4014 W Waters Ave  
Apt 403City  
TampaState  
FLZip Code  
33614-8111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gandy Crossing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025**Transaction ID : 9875518**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montalvo, Linda, , ,**Mailing Address 4014 W Waters Ave  
Apt 403City  
TampaState  
FLZip Code  
33614-8111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gandy Crossing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025**Transaction ID : 9875516**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montaque, Jonelle, , ,**Mailing Address 165 Huguenot St  
Apt 19City  
New RochelleState  
NYZip Code  
10801-5211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025**Transaction ID : 9880984**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1882 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montaque, Jonelle, , ,**

Mailing Address 165 Huguenot St  
Apt 19

City  
New Rochelle

State  
NY

Zip Code  
10801-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9880985

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montaque, Jonelle, , ,**

Mailing Address 165 Huguenot St  
Apt 19

City  
New Rochelle

State  
NY

Zip Code  
10801-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9876177

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montaque, Jonelle, , ,**

Mailing Address 165 Huguenot St  
Apt 19

City  
New Rochelle

State  
NY

Zip Code  
10801-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9880982

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1883 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montaque, Jonelle, , ,**

Mailing Address 165 Huguenot St  
Apt 19

City  
New Rochelle

State  
NY

Zip Code  
10801-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876178

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montaque, Jonelle, , ,**

Mailing Address 165 Huguenot St  
Apt 19

City  
New Rochelle

State  
NY

Zip Code  
10801-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880983

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montilla, Jeannette, , ,**

Mailing Address 1435 Ogden Ave  
Apt 1A

City  
Bronx

State  
NY

Zip Code  
10452-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877547

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1884 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montilla, Jeannette, , ,**Mailing Address 1435 Ogden Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10452-2301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877548

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montilla, Jeannette, , ,**Mailing Address 1435 Ogden Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10452-2301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877549

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montilla, Jeannette, , ,**Mailing Address 1435 Ogden Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10452-2301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877550

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1885 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montilla, Jeannette, , ,**

Mailing Address 1435 Ogden Ave  
Apt 1A

City  
Bronx

State  
NY

Zip Code  
10452-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9876047

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montilla, Jeannette, , ,**

Mailing Address 1435 Ogden Ave  
Apt 1A

City  
Bronx

State  
NY

Zip Code  
10452-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9877546

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Craig, , ,**

Mailing Address 25 Crater Lake Dr

City  
Coram

State  
NY

Zip Code  
11727-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 Special Projects

Occupation (for Individual)  
Member Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9880207

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1886 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Craig, , ,**

Mailing Address 25 Crater Lake Dr

City  
Coram

State  
NY

Zip Code  
11727-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 Special Projects

Occupation (for Individual)  
Member Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

08 / 13 / 2025

**Transaction ID : 9875989**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Craig, , ,**

Mailing Address 25 Crater Lake Dr

City  
Coram

State  
NY

Zip Code  
11727-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 Special Projects

Occupation (for Individual)  
Member Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

09 / 22 / 2025

**Transaction ID : 9875990**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Craig, , ,**

Mailing Address 25 Crater Lake Dr

City  
Coram

State  
NY

Zip Code  
11727-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 Special Projects

Occupation (for Individual)  
Member Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9875991**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1887 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Craig, , ,**

Mailing Address 25 Crater Lake Dr

City  
CoramState  
NYZip Code  
11727-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 Special ProjectsOccupation (for Individual)  
Member Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875992

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Craig, , ,**

Mailing Address 25 Crater Lake Dr

City  
CoramState  
NYZip Code  
11727-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 Special ProjectsOccupation (for Individual)  
Member Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9875993

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Joydie, , ,**

Mailing Address 35 S Perry St

City  
PoughkeepsieState  
NYZip Code  
12601-3010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ferncliff Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880549

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1888 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Joydie, , ,**

Mailing Address 35 S Perry St

City

Poughkeepsie

State

NY

Zip Code

12601-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ferncliff Nursing Home

Occupation (for Individual)

Certified Nurses' Aide

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9880548

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Joydie, , ,**

Mailing Address 35 S Perry St

City

Poughkeepsie

State

NY

Zip Code

12601-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ferncliff Nursing Home

Occupation (for Individual)

Certified Nurses' Aide

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875953

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Joydie, , ,**

Mailing Address 35 S Perry St

City

Poughkeepsie

State

NY

Zip Code

12601-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ferncliff Nursing Home

Occupation (for Individual)

Certified Nurses' Aide

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9880546

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1889 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Joydie, , ,**

Mailing Address 35 S Perry St

City

Poughkeepsie

State

NY

Zip Code

12601-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ferncliff Nursing Home

Occupation (for Individual)

Certified Nurses' Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875954

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Joydie, , ,**

Mailing Address 35 S Perry St

City

Poughkeepsie

State

NY

Zip Code

12601-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ferncliff Nursing Home

Occupation (for Individual)

Certified Nurses' Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880547

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Lenora, , ,**

Mailing Address 155 Euclid Ave

City

Kenmore

State

NY

Zip Code

14217-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

ORGANIZER

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881751

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1890 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Lenora, , ,**

Mailing Address 155 Euclid Ave

City  
Kenmore

State  
NY

Zip Code  
14217-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9881752

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Lenora, , ,**

Mailing Address 155 Euclid Ave

City  
Kenmore

State  
NY

Zip Code  
14217-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 22 / 2025

Transaction ID : 9881753

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Lenora, , ,**

Mailing Address 155 Euclid Ave

City  
Kenmore

State  
NY

Zip Code  
14217-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9881754

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1891 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Lenora, , ,**

Mailing Address 155 Euclid Ave

City  
KenmoreState  
NYZip Code  
14217-2803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876810

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Lenora, , ,**

Mailing Address 155 Euclid Ave

City  
KenmoreState  
NYZip Code  
14217-2803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881750

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Mykle, , ,**Mailing Address 45 S Broadway  
Apt 17City  
YonkersState  
NYZip Code  
10701-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880951

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1892 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Mykle, , ,**Mailing Address 45 S Broadway  
Apt 17City  
YonkersState  
NYZip Code  
10701-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880952

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Mykle, , ,**Mailing Address 45 S Broadway  
Apt 17City  
YonkersState  
NYZip Code  
10701-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880953

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Mykle, , ,**Mailing Address 45 S Broadway  
Apt 17City  
YonkersState  
NYZip Code  
10701-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880954

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1893 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Mykle, , ,**Mailing Address 45 S Broadway  
Apt 17City  
YonkersState  
NYZip Code  
10701-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876162

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Mykle, , ,**Mailing Address 45 S Broadway  
Apt 17City  
YonkersState  
NYZip Code  
10701-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880950

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Zaire, , ,**

Mailing Address 13632 Hook Creek Blvd

City  
RosedaleState  
NYZip Code  
11422-1657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Splst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879575

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1894 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Zaire, , ,**

Mailing Address 13632 Hook Creek Blvd

City  
Rosedale

State  
NY

Zip Code  
11422-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9879576**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Zaire, , ,**

Mailing Address 13632 Hook Creek Blvd

City  
Rosedale

State  
NY

Zip Code  
11422-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874294**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Zaire, , ,**

Mailing Address 13632 Hook Creek Blvd

City  
Rosedale

State  
NY

Zip Code  
11422-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9879573**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1895 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Zaire, , ,**

Mailing Address 13632 Hook Creek Blvd

City  
RosedaleState  
NYZip Code  
11422-1657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874295

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Zaire, , ,**

Mailing Address 13632 Hook Creek Blvd

City  
RosedaleState  
NYZip Code  
11422-1657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Spclst, Environmental Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879574

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mora-Gonzalez, Erika, , ,**

Mailing Address 420 NE 52nd St

City  
MiamiState  
FLZip Code  
33137-3031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882122

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1896 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mora-Gonzalez, Erika, , ,**

Mailing Address 420 NE 52nd St

City  
Miami

State  
FL

Zip Code  
33137-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9875267**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mora-Gonzalez, Erika, , ,**

Mailing Address 420 NE 52nd St

City  
Miami

State  
FL

Zip Code  
33137-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9882120**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mora-Gonzalez, Erika, , ,**

Mailing Address 420 NE 52nd St

City  
Miami

State  
FL

Zip Code  
33137-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9882121**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1897 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morais, Julieta, , ,**Mailing Address 20 Porach St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-6084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878336

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morais, Julieta, , ,**Mailing Address 20 Porach St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-6084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9876392

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morais, Julieta, , ,**Mailing Address 20 Porach St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-6084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9878333

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1898 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morais, Julieta, , ,**Mailing Address 20 Porach St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-6084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9878335

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morais, Julieta, , ,**Mailing Address 20 Porach St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-6084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876393

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morais, Julieta, , ,**Mailing Address 20 Porach St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-6084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
DIETARY AIDE (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878334

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1899 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morales, Samantha, , ,**Mailing Address 3 Vermella Way  
Apt 4085City  
UnionState  
NJZip Code  
07083-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882464

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morales, Samantha, , ,**Mailing Address 3 Vermella Way  
Apt 4085City  
UnionState  
NJZip Code  
07083-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9882465

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morales, Samantha, , ,**Mailing Address 3 Vermella Way  
Apt 4085City  
UnionState  
NJZip Code  
07083-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9882466

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1900 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morales, Samantha, , ,**

Mailing Address 3 Vermella Way  
Apt 4085

City  
Union

State  
NJ

Zip Code  
07083-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9882467**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morales, Samantha, , ,**

Mailing Address 3 Vermella Way  
Apt 4085

City  
Union

State  
NJ

Zip Code  
07083-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876817**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morales, Samantha, , ,**

Mailing Address 3 Vermella Way  
Apt 4085

City  
Union

State  
NJ

Zip Code  
07083-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9882463**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1901 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moran-Sandoval, Erika, , ,**Mailing Address 45 Boltis St  
Null

City

Mount Kisco

State

NY

Zip Code

10549-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Barnabas Hospital

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878159

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moran-Sandoval, Erika, , ,**Mailing Address 45 Boltis St  
Null

City

Mount Kisco

State

NY

Zip Code

10549-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Barnabas Hospital

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876117

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moran-Sandoval, Erika, , ,**Mailing Address 45 Boltis St  
Null

City

Mount Kisco

State

NY

Zip Code

10549-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Barnabas Hospital

Occupation (for Individual)

Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9878157

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

55.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1902 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moran-Sandoval, Erika, , ,**Mailing Address 45 Boltis St  
Null

City

Mount Kisco

State

NY

Zip Code

10549-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Barnabas Hospital

Occupation (for Individual)

Medical Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876118

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moran-Sandoval, Erika, , ,**Mailing Address 45 Boltis St  
Null

City

Mount Kisco

State

NY

Zip Code

10549-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St Barnabas Hospital

Occupation (for Individual)

Medical Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9878158

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moreno, Rahim, , ,**Mailing Address 1108 Stratford Ave  
Apt 3

City

Bronx

State

NY

Zip Code

10472-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

AIR CONDITIONING MECHANIC A

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881265

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

56.92

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1903 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moreno, Rahim, , ,**Mailing Address 1108 Stratford Ave  
Apt 3City  
BronxState  
NYZip Code  
10472-4111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
AIR CONDITIONING MECHANIC A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881266

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moreno, Rahim, , ,**Mailing Address 1108 Stratford Ave  
Apt 3City  
BronxState  
NYZip Code  
10472-4111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
AIR CONDITIONING MECHANIC A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881267

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moreno, Rahim, , ,**Mailing Address 1108 Stratford Ave  
Apt 3City  
BronxState  
NYZip Code  
10472-4111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
AIR CONDITIONING MECHANIC A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881268

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1904 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moreno, Rahim, , ,**Mailing Address 1108 Stratford Ave  
Apt 3City  
BronxState  
NYZip Code  
10472-4111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
AIR CONDITIONING MECHANIC A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876275

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moreno, Rahim, , ,**Mailing Address 1108 Stratford Ave  
Apt 3City  
BronxState  
NYZip Code  
10472-4111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
AIR CONDITIONING MECHANIC A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881264

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morgan, Cyril, , ,**

Mailing Address 919 E 101st St

City  
BrooklynState  
NYZip Code  
11236-2617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882610

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1905 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morgan, Cyril, , ,**

Mailing Address 919 E 101st St

City  
BrooklynState  
NYZip Code  
11236-2617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882611

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morgan, Cyril, , ,**

Mailing Address 919 E 101st St

City  
BrooklynState  
NYZip Code  
11236-2617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875487

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morgan, Cyril, , ,**

Mailing Address 919 E 101st St

City  
BrooklynState  
NYZip Code  
11236-2617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882608

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1906 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                    |  |                                           |                                                                                                     |  |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|-----------------------------------------------------------------------------------------------------|--|------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Morgan, Cyril, , ,</b>                                    |  |                                           | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9875488</b> |  |                        |
| Mailing Address 919 E 101st St                                                                                                                     |  |                                           | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                        |
| City<br>Brooklyn                                                                                                                                   |  | State<br>NY                               |                                                                                                     |  | Zip Code<br>11236-2617 |
| FEC ID number of contributing federal political committee.<br>C                                                                                    |  |                                           |                                                                                                     |  |                        |
| Name of Employer (for Individual)<br>Retired                                                                                                       |  | Occupation (for Individual)<br>Retired    |                                                                                                     |  |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | Aggregate Year-to-Date ▼<br>240.00        |                                                                                                     |  |                        |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Morgan, Cyril, , ,</b>                                    |  |                                           |                                                                                                     |  |                        |
| Mailing Address 919 E 101st St                                                                                                                     |  |                                           |                                                                                                     |  |                        |
| City<br>Brooklyn                                                                                                                                   |  | State<br>NY                               | Zip Code<br>11236-2617                                                                              |  |                        |
| FEC ID number of contributing federal political committee.<br>C                                                                                    |  |                                           | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                        |
| Name of Employer (for Individual)<br>Retired                                                                                                       |  | Occupation (for Individual)<br>Retired    |                                                                                                     |  |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | Aggregate Year-to-Date ▼<br>240.00        |                                                                                                     |  |                        |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Morgan, Latoya, , ,</b>                                   |  |                                           |                                                                                                     |  |                        |
| Mailing Address 257 Grafton St<br>Apt 1A                                                                                                           |  |                                           |                                                                                                     |  |                        |
| City<br>Brooklyn                                                                                                                                   |  | State<br>NY                               | Zip Code<br>11212-4016                                                                              |  |                        |
| FEC ID number of contributing federal political committee.<br>C                                                                                    |  |                                           | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                        |
| Name of Employer (for Individual)<br>NYU Langone Brooklyn Hospital                                                                                 |  | Occupation (for Individual)<br>Surgical T |                                                                                                     |  |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      |  | Aggregate Year-to-Date ▼<br>220.00        |                                                                                                     |  |                        |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>SUBTOTAL of Receipts This Page (optional).....</b>           |  |                                           |                                                                                                     |  |                        |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>TOTAL This Period (last page this line number only).....</b> |  |                                           |                                                                                                     |  |                        |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1907 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morgan, Latoya, , ,**

Mailing Address 257 Grafton St  
Apt 1A

City  
Brooklyn

State  
NY

Zip Code  
11212-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn Hospital

Occupation (for Individual)  
Surgical T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9880702

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morgan, Latoya, , ,**

Mailing Address 257 Grafton St  
Apt 1A

City  
Brooklyn

State  
NY

Zip Code  
11212-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn Hospital

Occupation (for Individual)  
Surgical T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 16 / 2025

Transaction ID : 9880704

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morgan, Latoya, , ,**

Mailing Address 257 Grafton St  
Apt 1A

City  
Brooklyn

State  
NY

Zip Code  
11212-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn Hospital

Occupation (for Individual)  
Surgical T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9880705

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1908 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morgan, Latoya, , ,**Mailing Address 257 Grafton St  
Apt 1ACity  
BrooklynState  
NYZip Code  
11212-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Surgical T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9874830

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morgan, Latoya, , ,**Mailing Address 257 Grafton St  
Apt 1ACity  
BrooklynState  
NYZip Code  
11212-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Surgical T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2025

Transaction ID : 9880700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morillo, Robert, , ,**Mailing Address 3075 Heath Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10463-5844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877754

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1909 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morillo, Robert, , ,**Mailing Address 3075 Heath Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10463-5844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877755

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morillo, Robert, , ,**Mailing Address 3075 Heath Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10463-5844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877756

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morillo, Robert, , ,**Mailing Address 3075 Heath Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10463-5844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877757

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1910 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morillo, Robert, , ,**Mailing Address 3075 Heath Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10463-5844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9874601

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morillo, Robert, , ,**Mailing Address 3075 Heath Ave  
Apt 1BCity  
BronxState  
NYZip Code  
10463-5844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877753

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880510

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

49.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1911 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873795

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880504

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873796

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1912 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880505

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873798

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9880507

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1913 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morlock, Johnnie, , ,

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2025        |

Transaction ID : 9873797

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morlock, Johnnie, , ,

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2025        |

Transaction ID : 9880506

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morlock, Johnnie, , ,

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 12    |   | 2025        |

Transaction ID : 9873800

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1914 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880509

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873799

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morlock, Johnnie, , ,**

Mailing Address 46 Huguenot St

City  
New PaltzState  
NYZip Code  
12561-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880508

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

27.72

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1915 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, Marceline, , ,**

Mailing Address 1461 E 104th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11236-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9879208**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morrison, Marceline, , ,**

Mailing Address 1461 E 104th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11236-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9875895**

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrison, Marceline, , ,**

Mailing Address 1461 E 104th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11236-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9879209**

Amount of Each Receipt this Period

9.22

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

28.44

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1916 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, Marceline, , ,**Mailing Address 1461 E 104th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876010

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morrison, Marceline, , ,**Mailing Address 1461 E 104th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879210

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrison, Marceline, , ,**Mailing Address 1461 E 104th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876048

Amount of Each Receipt this Period

9.22

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1917 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, Marceline, , ,**Mailing Address 1461 E 104th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879211

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morrison, Marceline, , ,**Mailing Address 1461 E 104th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876049

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrison, Marceline, , ,**Mailing Address 1461 E 104th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9879212

Amount of Each Receipt this Period

9.22

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

27.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1918 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, Marceline, , ,**

Mailing Address 1461 E 104th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11236-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9876050**

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morrison, Marceline, , ,**

Mailing Address 1461 E 104th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11236-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9879213**

Amount of Each Receipt this Period

9.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrison, Mark, , ,**

Mailing Address 26 Randolph St  
Apt 1G

City  
Yonkers

State  
NY

Zip Code  
10705-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home Inc

Occupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9878374**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

38.44

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1919 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, Mark, , ,**Mailing Address 26 Randolph St  
Apt 1GCity  
YonkersState  
NYZip Code  
10705-2330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9878375

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morrison, Mark, , ,**Mailing Address 26 Randolph St  
Apt 1GCity  
YonkersState  
NYZip Code  
10705-2330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrison, Mark, , ,**Mailing Address 26 Randolph St  
Apt 1GCity  
YonkersState  
NYZip Code  
10705-2330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9878377

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1920 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, Mark, , ,**

Mailing Address 26 Randolph St  
Apt 1G

City  
Yonkers

State  
NY

Zip Code  
10705-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home Inc

Occupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9875423**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morrison, Mark, , ,**

Mailing Address 26 Randolph St  
Apt 1G

City  
Yonkers

State  
NY

Zip Code  
10705-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home Inc

Occupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9878373**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moss, Mariah, , ,**

Mailing Address 23 Euclid Ave

City  
Buffalo

State  
NY

Zip Code  
14211-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

**Transaction ID : 9873498**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1921 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moss, Mariah, , ,**

Mailing Address 23 Euclid Ave

City  
BuffaloState  
NYZip Code  
14211-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873497

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moussa, Mai, , ,**

Mailing Address 11146 117Th St South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879540

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moussa, Mai, , ,**

Mailing Address 11146 117Th St South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874155

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1922 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moussa, Mai, , ,**

Mailing Address 11146 117Th St South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9879538

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moussa, Mai, , ,**

Mailing Address 11146 117Th St South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874156

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moussa, Mai, , ,**

Mailing Address 11146 117Th St South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9879539

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1923 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Munoz, Juliana, , ,**

Mailing Address 377 E 158th St  
Apt 1

City  
Bronx

State  
NY

Zip Code  
10451-5497

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
07 / 14 / 2025

Transaction ID : 9877525

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Munoz, Juliana, , ,**

Mailing Address 377 E 158th St  
Apt 1

City  
Bronx

State  
NY

Zip Code  
10451-5497

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2025

Transaction ID : 9877526

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Munoz, Juliana, , ,**

Mailing Address 377 E 158th St  
Apt 1

City  
Bronx

State  
NY

Zip Code  
10451-5497

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2025

Transaction ID : 9877527

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1924 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Munoz, Juliana, , ,**Mailing Address 377 E 158th St  
Apt 1City  
BronxState  
NYZip Code  
10451-5497FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9876758

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Munoz, Juliana, , ,**Mailing Address 377 E 158th St  
Apt 1City  
BronxState  
NYZip Code  
10451-5497FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9877524

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Munoz, Wandy, , ,**Mailing Address 215 Bush St  
Apt 1ACity  
BronxState  
NYZip Code  
10457-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Operating Room terminal cleaning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9877630

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1925 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Munoz, Wendy, , ,**Mailing Address 215 Bush St  
Apt 1ACity  
BronxState  
NYZip Code  
10457-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Operating Room terminal cleaning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9877631

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Munoz, Wendy, , ,**Mailing Address 215 Bush St  
Apt 1ACity  
BronxState  
NYZip Code  
10457-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Operating Room terminal cleaning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873726

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Munoz, Wendy, , ,**Mailing Address 215 Bush St  
Apt 1ACity  
BronxState  
NYZip Code  
10457-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Operating Room terminal cleaning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9873727

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1926 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Munoz, Wandy, , ,**Mailing Address 215 Bush St  
Apt 1ACity  
BronxState  
NYZip Code  
10457-3939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai New York Eye and Ear InfirOccupation (for Individual)  
Operating Room terminal cleaning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873728

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murdakhayev, Eduard, , ,**

Mailing Address 8148 189th St

City  
HollisState  
NYZip Code  
11423-1037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9879597

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Murdakhayev, Eduard, , ,**

Mailing Address 8148 189th St

City  
HollisState  
NYZip Code  
11423-1037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875728

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1927 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murdakhayev, Eduard, , ,**

Mailing Address 8148 189th St

City  
HollisState  
NYZip Code  
11423-1037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9879595

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murdakhayev, Eduard, , ,**

Mailing Address 8148 189th St

City  
HollisState  
NYZip Code  
11423-1037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875729

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Murdakhayev, Eduard, , ,**

Mailing Address 8148 189th St

City  
HollisState  
NYZip Code  
11423-1037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
TECHNOLOGIST, SPECIAL PROCED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879596

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1928 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murdaugh, Brian, , ,**Mailing Address 315 Fenimore St  
Apt D5City  
BrooklynState  
NYZip Code  
11225-5950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9878999

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murdaugh, Brian, , ,**Mailing Address 315 Fenimore St  
Apt D5City  
BrooklynState  
NYZip Code  
11225-5950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875676

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Murdaugh, Brian, , ,**Mailing Address 315 Fenimore St  
Apt D5City  
BrooklynState  
NYZip Code  
11225-5950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9878997

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1929 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murdaugh, Brian, , ,**Mailing Address 315 Fenimore St  
Apt D5City  
BrooklynState  
NYZip Code  
11225-5950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875677

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murdaugh, Brian, , ,**Mailing Address 315 Fenimore St  
Apt D5City  
BrooklynState  
NYZip Code  
11225-5950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878998

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Murphy, Lourdes, , ,**

Mailing Address 94 Halgren Murphy

City  
HaverstrawState  
NYZip Code  
10927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878453

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1930 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murphy, Lourdes, , ,**

Mailing Address 94 Halgren Murphy

City  
Haverstraw

State  
NY

Zip Code  
10927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2025

**Transaction ID : 9874216**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murphy, Lourdes, , ,**

Mailing Address 94 Halgren Murphy

City  
Haverstraw

State  
NY

Zip Code  
10927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2025

**Transaction ID : 9878451**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Murphy, Lourdes, , ,**

Mailing Address 94 Halgren Murphy

City  
Haverstraw

State  
NY

Zip Code  
10927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 17 / 2025

**Transaction ID : 9874217**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1931 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murphy, Lourdes, , ,**

Mailing Address 94 Halgren Murphy

City  
HaverstrawState  
NYZip Code  
10927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878452

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880407

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873756

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1932 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880402

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873755

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880401

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1933 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
Kingston

State  
NY

Zip Code  
12401-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

11 / 14 / 2025

Transaction ID : 9873757

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
Kingston

State  
NY

Zip Code  
12401-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

11 / 14 / 2025

Transaction ID : 9880403

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
Kingston

State  
NY

Zip Code  
12401-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 01 / 2025

Transaction ID : 9873758

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1934 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
Kingston

State  
NY

Zip Code  
12401-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9880404**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
Kingston

State  
NY

Zip Code  
12401-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9873759**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
Kingston

State  
NY

Zip Code  
12401-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9880405**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1935 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873760

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mutala, Hason-Ja, , ,**

Mailing Address 15 Rogers St

City  
KingstonState  
NYZip Code  
12401-6025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
SITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880406

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nadler, Jennifer, , ,**Mailing Address 15 Washington Ave  
Apt 212City  
SuffernState  
NYZip Code  
10901-4637FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
TECHNICIAN 6

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878436

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1936 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nadler, Jennifer, , ,**Mailing Address 15 Washington Ave  
Apt 212City  
SuffernState  
NYZip Code  
10901-4637FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
TECHNICIAN 6

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878435

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nadler, Jennifer, , ,**Mailing Address 15 Washington Ave  
Apt 212City  
SuffernState  
NYZip Code  
10901-4637FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
TECHNICIAN 6

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878437

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nadler, Jennifer, , ,**Mailing Address 15 Washington Ave  
Apt 212City  
SuffernState  
NYZip Code  
10901-4637FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
TECHNICIAN 6

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878438

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1937 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nadler, Jennifer, , ,**

Mailing Address 15 Washington Ave  
Apt 212

City  
Suffern

State  
NY

Zip Code  
10901-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital

Occupation (for Individual)  
TECHNICIAN 6

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9875858**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nadler, Jennifer, , ,**

Mailing Address 15 Washington Ave  
Apt 212

City  
Suffern

State  
NY

Zip Code  
10901-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital

Occupation (for Individual)  
TECHNICIAN 6

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9878434**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Naeem, Ayesha, , ,**

Mailing Address 63 Hendricks Ave

City  
Staten Island

State  
NY

Zip Code  
10301-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9877326**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1938 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Naeem, Ayesha, , ,**

Mailing Address 63 Hendricks Ave

City  
Staten IslandState  
NYZip Code  
10301-2313FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877327

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Naeem, Ayesha, , ,**

Mailing Address 63 Hendricks Ave

City  
Staten IslandState  
NYZip Code  
10301-2313FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873635

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Naeem, Ayesha, , ,**

Mailing Address 63 Hendricks Ave

City  
Staten IslandState  
NYZip Code  
10301-2313FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9877324

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1939 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Naeem, Ayesha, , ,**

Mailing Address 63 Hendricks Ave

City  
Staten IslandState  
NYZip Code  
10301-2313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Naeem, Ayesha, , ,**

Mailing Address 63 Hendricks Ave

City  
Staten IslandState  
NYZip Code  
10301-2313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877325

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nagendra, Harry, , ,**Mailing Address 1580 President St  
Apt 19City  
BrooklynState  
NYZip Code  
11213-4767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9875859

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1940 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nagendra, Harry, , ,**

Mailing Address 1580 President St  
Apt 19

City  
Brooklyn

State  
NY

Zip Code  
11213-4767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSA

Occupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 12 / 2025

Transaction ID : 9875860

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nagendra, Harry, , ,**

Mailing Address 1580 President St  
Apt 19

City  
Brooklyn

State  
NY

Zip Code  
11213-4767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSA

Occupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 10 / 2025

Transaction ID : 9875861

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nagendra, Harry, , ,**

Mailing Address 1580 President St  
Apt 19

City  
Brooklyn

State  
NY

Zip Code  
11213-4767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSA

Occupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 09 / 2025

Transaction ID : 9875862

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1941 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nagendra, Harry, , ,**Mailing Address 1580 President St  
Apt 19City  
BrooklynState  
NYZip Code  
11213-4767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9875863

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nagendra, Harry, , ,**Mailing Address 1580 President St  
Apt 19City  
BrooklynState  
NYZip Code  
11213-4767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875864

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nails, Debbie, , ,**Mailing Address PO Box 54  
23City  
MiamiState  
FLZip Code  
33054FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Unit Secretary (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882101

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1942 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                   |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Nails, Debbie, , ,</b>                 |             |                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 01 / 2025<br><b>Transaction ID : 9875344</b> |  |
| Mailing Address PO Box 54<br>23                                                                                                 |             |                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Miami                                                                                                                   | State<br>FL | Zip Code<br>33054                                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>University of Miami Hospital                                                               |             | Occupation (for Individual)<br>Unit Secretary (U) |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Nails, Debbie, , ,</b>                 |             |                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 01 / 2025<br><b>Transaction ID : 9882099</b> |  |
| Mailing Address PO Box 54<br>23                                                                                                 |             |                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Miami                                                                                                                   | State<br>FL | Zip Code<br>33054                                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>University of Miami Hospital                                                               |             | Occupation (for Individual)<br>Unit Secretary (U) |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Nails, Debbie, , ,</b>                 |             |                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 01 / 2025<br><b>Transaction ID : 9882100</b> |  |
| Mailing Address PO Box 54<br>23                                                                                                 |             |                                                   | Amount of Each Receipt this Period<br>30.00                                                         |  |
| City<br>Miami                                                                                                                   | State<br>FL | Zip Code<br>33054                                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>University of Miami Hospital                                                               |             | Occupation (for Individual)<br>Unit Secretary (U) |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                   | 70.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                   |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1943 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Namdol, Tseten, , ,**Mailing Address 1441 Dekalb Ave  
Apt 13City  
BrooklynState  
NYZip Code  
11237-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880911

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Namdol, Tseten, , ,**Mailing Address 1441 Dekalb Ave  
Apt 13City  
BrooklynState  
NYZip Code  
11237-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9880910

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Namdol, Tseten, , ,**Mailing Address 1441 Dekalb Ave  
Apt 13City  
BrooklynState  
NYZip Code  
11237-3533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873673

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1944 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Namdol, Tseten, , ,**Mailing Address **1441 Dekalb Ave**  
**Apt 13**City  
BrooklynState  
NYZip Code  
11237-3533FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 03    |   | 2025        |

**Transaction ID : 9880909**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Narag, Ariston, , ,**Mailing Address **28 Anchorage Rd**City  
Port WashingtonState  
NYZip Code  
11050-3104FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.80

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 29    |   | 2025        |

**Transaction ID : 9873517**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Narag, Ariston, , ,**Mailing Address **28 Anchorage Rd**City  
Port WashingtonState  
NYZip Code  
11050-3104FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

224.80

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 29    |   | 2025        |

**Transaction ID : 9878621**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1945 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Narag, Ariston, , ,**

Mailing Address 28 Anchorage Rd

City  
Port Washington

State  
NY

Zip Code  
11050-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.80

Date of Receipt

11 / 04 / 2025

**Transaction ID : 9873518**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Narag, Ariston, , ,**

Mailing Address 28 Anchorage Rd

City  
Port Washington

State  
NY

Zip Code  
11050-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.80

Date of Receipt

11 / 04 / 2025

**Transaction ID : 9878622**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Narag, Ariston, , ,**

Mailing Address 28 Anchorage Rd

City  
Port Washington

State  
NY

Zip Code  
11050-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

224.80

Date of Receipt

11 / 24 / 2025

**Transaction ID : 9873519**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1946 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nash, Alvin, , ,**

Mailing Address 500 Avondale Dr

City  
ShirleyState  
NYZip Code  
11967-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880342

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nash, Alvin, , ,**

Mailing Address 500 Avondale Dr

City  
ShirleyState  
NYZip Code  
11967-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880343

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nash, Alvin, , ,**

Mailing Address 500 Avondale Dr

City  
ShirleyState  
NYZip Code  
11967-1120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874109

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1947 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nash, Alvin, , ,**

Mailing Address 500 Avondale Dr

City  
Shirley

State  
NY

Zip Code  
11967-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 06 / 2025

**Transaction ID : 9880340**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nash, Alvin, , ,**

Mailing Address 500 Avondale Dr

City  
Shirley

State  
NY

Zip Code  
11967-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9874110**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nash, Alvin, , ,**

Mailing Address 500 Avondale Dr

City  
Shirley

State  
NY

Zip Code  
11967-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab Center

Occupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9880341**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1948 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877872

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876109

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9877901

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

28.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1949 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877873

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877874

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876110

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1950 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nash, Katrice, , ,**

Mailing Address 3326 White Plains Rd  
Apt 4R

City  
Bronx

State  
NY

Zip Code  
10467-5759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9877902**

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nash, Katrice, , ,**

Mailing Address 3326 White Plains Rd  
Apt 4R

City  
Bronx

State  
NY

Zip Code  
10467-5759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9876111**

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nash, Katrice, , ,**

Mailing Address 3326 White Plains Rd  
Apt 4R

City  
Bronx

State  
NY

Zip Code  
10467-5759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9877903**

Amount of Each Receipt this Period

9.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1951 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876112

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9877904

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nash, Katrice, , ,**Mailing Address 3326 White Plains Rd  
Apt 4RCity  
BronxState  
NYZip Code  
10467-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Environmental Services Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877905

Amount of Each Receipt this Period

13.80

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1952 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Naughton, Nancy, , ,**

Mailing Address PO Box 504

Null

City

East Moriches

State

NY

Zip Code

11940-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Southampton Hospital (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880320

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Naughton, Nancy, , ,**

Mailing Address PO Box 504

Null

City

East Moriches

State

NY

Zip Code

11940-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Southampton Hospital (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880321

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Naughton, Nancy, , ,**

Mailing Address PO Box 504

Null

City

East Moriches

State

NY

Zip Code

11940-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Southampton Hospital (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9875750

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1953 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Naughton, Nancy, , ,**

Mailing Address PO Box 504

Null

City

East Moriches

State

NY

Zip Code

11940-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Southampton Hospital (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 17    |   | 2025        |

Transaction ID : 9880318

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Naughton, Nancy, , ,**

Mailing Address PO Box 504

Null

City

East Moriches

State

NY

Zip Code

11940-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Southampton Hospital (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 16    |   | 2025        |

Transaction ID : 9875751

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Naughton, Nancy, , ,**

Mailing Address PO Box 504

Null

City

East Moriches

State

NY

Zip Code

11940-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Southampton Hospital (RN)

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 16    |   | 2025        |

Transaction ID : 9880319

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1954 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Navas, Noor, , ,**

Mailing Address 3203 W 96th PI

City  
HialeahState  
FLZip Code  
33018-2039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882055

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Navas, Noor, , ,**

Mailing Address 3203 W 96th PI

City  
HialeahState  
FLZip Code  
33018-2039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875231

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Navas, Noor, , ,**

Mailing Address 3203 W 96th PI

City  
HialeahState  
FLZip Code  
33018-2039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882053

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1955 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Navas, Noor, , ,**

Mailing Address 3203 W 96th Pl

City  
HialeahState  
FLZip Code  
33018-2039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882054

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nazaire, Odette, , ,**

Mailing Address 340 50th St

City  
LindenhurstState  
NYZip Code  
11757-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9873704

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nazaire, Odette, , ,**

Mailing Address 340 50th St

City  
LindenhurstState  
NYZip Code  
11757-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9880271

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1956 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nazaire, Odette, , ,**

Mailing Address 340 50th St

City  
Lindenhurst

State  
NY

Zip Code  
11757-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at Sa

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9873705

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nazaire, Odette, , ,**

Mailing Address 340 50th St

City  
Lindenhurst

State  
NY

Zip Code  
11757-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at Sa

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 28 / 2025

Transaction ID : 9873706

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City  
Port Saint Lucie

State  
FL

Zip Code  
34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9882428

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1957 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

08 / 01 / 2025

Transaction ID : 9882429

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874623

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9882425

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1958 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874624

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882426

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874625

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1959 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nazaire-Laurent, Natasha, , ,**

Mailing Address 813 SW Jennifer Ter

City

Port Saint Lucie

State

FL

Zip Code

34953-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Palms West Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882427

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nazario, Yazmin, , ,**Mailing Address 1686 Randall Ave  
Apt 6D

City

Bronx

State

NY

Zip Code

10473-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

CERTIFIED SURGICAL TECHNOLOG

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881175

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nazario, Yazmin, , ,**Mailing Address 1686 Randall Ave  
Apt 6D

City

Bronx

State

NY

Zip Code

10473-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

CERTIFIED SURGICAL TECHNOLOGI

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881176

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1960 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nazario, Yazmin, , ,**Mailing Address 1686 Randall Ave  
Apt 6DCity  
BronxState  
NYZip Code  
10473-4257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CERTIFIED SURGICAL TECHNOLOGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876231

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nazario, Yazmin, , ,**Mailing Address 1686 Randall Ave  
Apt 6DCity  
BronxState  
NYZip Code  
10473-4257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CERTIFIED SURGICAL TECHNOLOG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881173

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nazario, Yazmin, , ,**Mailing Address 1686 Randall Ave  
Apt 6DCity  
BronxState  
NYZip Code  
10473-4257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CERTIFIED SURGICAL TECHNOLOGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876232

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1961 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nazario, Yazmin, , ,**Mailing Address 1686 Randall Ave  
Apt 6DCity  
BronxState  
NYZip Code  
10473-4257FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CERTIFIED SURGICAL TECHNOLOGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881174

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ndiaye, Khady, , ,**Mailing Address 2558 Hone Ave  
NullCity  
BronxState  
NYZip Code  
10469-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878004

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ndiaye, Khady, , ,**Mailing Address 2558 Hone Ave  
NullCity  
BronxState  
NYZip Code  
10469-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9878005

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1962 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ndiaye, Khady, , ,**

Mailing Address 2558 Hone Ave

Null

City  
Bronx

State  
NY

Zip Code  
10469-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens Circle

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9876634**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ndiaye, Khady, , ,**

Mailing Address 2558 Hone Ave

Null

City  
Bronx

State  
NY

Zip Code  
10469-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens Circle

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9878002**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ndiaye, Khady, , ,**

Mailing Address 2558 Hone Ave

Null

City  
Bronx

State  
NY

Zip Code  
10469-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens Circle

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : 9876635**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1963 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ndiaye, Khady, , ,**Mailing Address 2558 Hone Ave  
NullCity  
BronxState  
NYZip Code  
10469-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9878003

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ndjila Ndjimben, Come-Damien, , ,**Mailing Address 1135 Boynton Ave  
Apt 4RCity  
BronxState  
NYZip Code  
10472-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9873410

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ndjila Ndjimben, Come-Damien, , ,**Mailing Address 1135 Boynton Ave  
Apt 4RCity  
BronxState  
NYZip Code  
10472-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9873411

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1964 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ndjila Ndjimbena, Come-Damien, , ,**Mailing Address 1135 Boynton Ave  
Apt 4RCity  
BronxState  
NYZip Code  
10472-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9873412

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ndjila Ndjimbena, Come-Damien, , ,**Mailing Address 1135 Boynton Ave  
Apt 4RCity  
BronxState  
NYZip Code  
10472-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9873413

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ndjila Ndjimbena, Come-Damien, , ,**Mailing Address 1135 Boynton Ave  
Apt 4RCity  
BronxState  
NYZip Code  
10472-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873414

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1965 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ndjila Ndjimben, Come-Damien, , ,**Mailing Address 1135 Boynton Ave  
Apt 4RCity  
BronxState  
NYZip Code  
10472-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873415

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Neebar, Naleine, , ,**

Mailing Address 239 Buscher Ave

City  
Valley StreamState  
NYZip Code  
11580-5112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Pharmacist Hourly

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879940

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Neebar, Naleine, , ,**

Mailing Address 239 Buscher Ave

City  
Valley StreamState  
NYZip Code  
11580-5112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Pharmacist Hourly

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879941

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

136.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1966 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Neebar, Naleine, , ,**

Mailing Address 239 Buscher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacist Hourly

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

**Transaction ID : 9879942**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Neebar, Naleine, , ,**

Mailing Address 239 Buscher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacist Hourly

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : 9879939**

Amount of Each Receipt this Period

27.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Neebar, Naleine, , ,**

Mailing Address 239 Buscher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacist Hourly

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9876814**

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

64.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1967 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Neebar, Naleine, , ,**

Mailing Address 239 Buscher Ave

City  
Valley Stream

State  
NY

Zip Code  
11580-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Pharmacist Hourly

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9879938**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Neil, Romario, , ,**

Mailing Address 10545 Flatland 4Th St

City  
Brooklyn

State  
NY

Zip Code  
11236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Morningside

Occupation (for Individual)  
TRANSPORTER/MESSENGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9879184**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Neil, Romario, , ,**

Mailing Address 10545 Flatland 4Th St

City  
Brooklyn

State  
NY

Zip Code  
11236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Morningside

Occupation (for Individual)  
TRANSPORTER/MESSENGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9879185**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

58.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1968 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                      |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Neil, Romario, , ,</b>                 |             |                                                      | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9875852</b> |  |
| Mailing Address 10545 Flatland 4Th St                                                                                           |             |                                                      | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11236                                    | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>TRANSPORTER/MESSENGER |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                      |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Neil, Romario, , ,</b>                 |             |                                                      | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9879182</b> |  |
| Mailing Address 10545 Flatland 4Th St                                                                                           |             |                                                      | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11236                                    | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>TRANSPORTER/MESSENGER |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                      |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Neil, Romario, , ,</b>                 |             |                                                      | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9875853</b> |  |
| Mailing Address 10545 Flatland 4Th St                                                                                           |             |                                                      | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11236                                    | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>Mount Sinai Morningside                                                                    |             | Occupation (for Individual)<br>TRANSPORTER/MESSENGER |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                      |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                      | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                      |                                                                                                     |  |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1969 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Neil, Romario, , ,**

Mailing Address 10545 Flatland 4Th St

City  
BrooklynState  
NYZip Code  
11236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
TRANSPORTER/MESSENGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879183

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Cinthia, , ,**Mailing Address 878 Lenox Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-2570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Special Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878704

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Cinthia, , ,**Mailing Address 878 Lenox Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-2570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Special Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9878705

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1970 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Nelson, Cinthia, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 17 / 2025<br><b>Transaction ID : 9878706</b> |
| Mailing Address 878 Lenox Rd<br>Null                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11203-2570                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>St Vincent's Hospital-Westchester                                                          |             | Occupation (for Individual)<br>Special Care Coordinator                                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Nelson, Cinthia, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 16 / 2025<br><b>Transaction ID : 9878707</b> |
| Mailing Address 878 Lenox Rd<br>Null                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11203-2570                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>St Vincent's Hospital-Westchester                                                          |             | Occupation (for Individual)<br>Special Care Coordinator                                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Nelson, Cinthia, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 18 / 2025<br><b>Transaction ID : 9874393</b> |
| Mailing Address 878 Lenox Rd<br>Null                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11203-2570                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>St Vincent's Hospital-Westchester                                                          |             | Occupation (for Individual)<br>Special Care Coordinator                                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1971 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Cinthia, , ,**Mailing Address 878 Lenox Rd  
NullCity  
BrooklynState  
NYZip Code  
11203-2570FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Special Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9878703

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9881467

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881468

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1972 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874658

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9881464

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874660

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1973 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881466

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874659

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Jamaar, , ,**Mailing Address 5139 Caribbean Blvd  
Apt 813City  
West Palm BeachState  
FLZip Code  
33407-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9881465

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1974 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Matthew, , ,**

Mailing Address 26 First St

City  
WaldenState  
NYZip Code  
12586-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9874343

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Matthew, , ,**

Mailing Address 26 First St

City  
WaldenState  
NYZip Code  
12586-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9874344

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Matthew, , ,**

Mailing Address 26 First St

City  
WaldenState  
NYZip Code  
12586-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9874345

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1975 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Matthew, , ,**

Mailing Address 26 First St

City  
WaldenState  
NYZip Code  
12586-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9874346

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Matthew, , ,**

Mailing Address 26 First St

City  
WaldenState  
NYZip Code  
12586-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9874347

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Matthew, , ,**

Mailing Address 26 First St

City  
WaldenState  
NYZip Code  
12586-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9874348

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1976 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Rayshell, , ,**

Mailing Address 2843 Mayfield Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Asst Third Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882769

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Rayshell, , ,**

Mailing Address 2843 Mayfield Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Asst Third Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9882770

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Rayshell, , ,**

Mailing Address 2843 Mayfield Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Asst Third Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9882771

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1977 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Rayshell, , ,**

Mailing Address 2843 Mayfield Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Asst Third Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9882768**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Rayshell, , ,**

Mailing Address 2843 Mayfield Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Asst Third Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9873998**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Rayshell, , ,**

Mailing Address 2843 Mayfield Ave

City  
Baltimore

State  
MD

Zip Code  
21213-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Asst Third Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9882767**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1978 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Roxey, , ,**

Mailing Address 600 63rd St N  
Apt 303

City  
Saint Petersburg

State  
FL

Zip Code  
33710-7046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9876785**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Roxey, , ,**

Mailing Address 600 63rd St N  
Apt 303

City  
Saint Petersburg

State  
FL

Zip Code  
33710-7046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880794**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Roxey, , ,**

Mailing Address 600 63rd St N  
Apt 303

City  
Saint Petersburg

State  
FL

Zip Code  
33710-7046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9876786**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1979 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Roxey, , ,**Mailing Address 600 63rd St N  
Apt 303City  
Saint PetersburgState  
FLZip Code  
33710-7046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9880795

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nelson, Roxey, , ,**Mailing Address 600 63rd St N  
Apt 303City  
Saint PetersburgState  
FLZip Code  
33710-7046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876787

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Roxey, , ,**Mailing Address 600 63rd St N  
Apt 303City  
Saint PetersburgState  
FLZip Code  
33710-7046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880796

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1980 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nickoless, Alea, , ,

Mailing Address 63 Wells Ave  
Apt 1708City  
YonkersState  
NYZip Code  
10701-2898FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of Greater New York

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 19    |   | 2025        |

Transaction ID : 9873942

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nickoless, Alea, , ,

Mailing Address 63 Wells Ave  
Apt 1708City  
YonkersState  
NYZip Code  
10701-2898FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of Greater New York

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 19    |   | 2025        |

Transaction ID : 9878296

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nickoless, Alea, , ,

Mailing Address 63 Wells Ave  
Apt 1708City  
YonkersState  
NYZip Code  
10701-2898FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of Greater New York

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2025        |

Transaction ID : 9873943

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1981 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nickoless, Alea, , ,**

Mailing Address 63 Wells Ave  
Apt 1708

City  
Yonkers

State  
NY

Zip Code  
10701-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of Greater New York

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9878297**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nickoless, Alea, , ,**

Mailing Address 63 Wells Ave  
Apt 1708

City  
Yonkers

State  
NY

Zip Code  
10701-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of Greater New York

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9873944**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nickoless, Alea, , ,**

Mailing Address 63 Wells Ave  
Apt 1708

City  
Yonkers

State  
NY

Zip Code  
10701-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of Greater New York

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9878298**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1982 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nieves, Alexis, , ,**

Mailing Address 197 Gordon St

City  
Staten IslandState  
NYZip Code  
10304-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877396

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nieves, Alexis, , ,**

Mailing Address 197 Gordon St

City  
Staten IslandState  
NYZip Code  
10304-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877397

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nieves, Alexis, , ,**

Mailing Address 197 Gordon St

City  
Staten IslandState  
NYZip Code  
10304-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877398

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1983 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nieves, Alexis, , ,**

Mailing Address 197 Gordon St

City  
Staten IslandState  
NYZip Code  
10304-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873583

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nieves, Alexis, , ,**

Mailing Address 197 Gordon St

City  
Staten IslandState  
NYZip Code  
10304-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877395

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
BronxState  
NYZip Code  
10465-2908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876829

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1984 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
BronxState  
NYZip Code  
10465-2908FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9877777

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
BronxState  
NYZip Code  
10465-2908FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9876830

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
BronxState  
NYZip Code  
10465-2908FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9877778

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1985 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
Bronx

State  
NY

Zip Code  
10465-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2025

**Transaction ID : 9876831**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
Bronx

State  
NY

Zip Code  
10465-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2025

**Transaction ID : 9877779**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
Bronx

State  
NY

Zip Code  
10465-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2025

**Transaction ID : 9876832**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1986 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
Bronx

State  
NY

Zip Code  
10465-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9877780**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
Bronx

State  
NY

Zip Code  
10465-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9875816**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
Bronx

State  
NY

Zip Code  
10465-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health System

Occupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9877786**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
BronxState  
NYZip Code  
10465-2908FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 24    | / | 2025        |

**Transaction ID : 9876833**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nieves, Rebeca, , ,**

Mailing Address 436 Quincy Ave

City  
BronxState  
NYZip Code  
10465-2908FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Contract Administrator 1199

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 24    | / | 2025        |

**Transaction ID : 9877781**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nikiema, Fatimata, , ,**Mailing Address 1170 Clay Ave  
Apt 2City  
BronxState  
NYZip Code  
10456-4287FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 25    | / | 2025        |

**Transaction ID : 9876684**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1988 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nikiema, Fatimata, , ,**Mailing Address 1170 Clay Ave  
Apt 2City  
BronxState  
NYZip Code  
10456-4287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876685

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nix, Courtney, , ,**

Mailing Address 1536 Heckscher Ave

City

Bay Shore

State

NY

Zip Code

11706-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880137

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nix, Courtney, , ,**

Mailing Address 1536 Heckscher Ave

City

Bay Shore

State

NY

Zip Code

11706-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880138

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1989 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nix, Courtney, , ,**

Mailing Address 1536 Heckscher Ave

City  
Bay ShoreState  
NYZip Code  
11706-2409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874058

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nix, Courtney, , ,**

Mailing Address 1536 Heckscher Ave

City  
Bay ShoreState  
NYZip Code  
11706-2409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880135

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nix, Courtney, , ,**

Mailing Address 1536 Heckscher Ave

City  
Bay ShoreState  
NYZip Code  
11706-2409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874059

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1990 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nix, Courtney, , ,**

Mailing Address 1536 Heckscher Ave

City  
Bay ShoreState  
NYZip Code  
11706-2409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880136

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Noel-Jeune, Rootchild, , ,**Mailing Address 34 Twin Lakes Dr  
NullCity  
AirmontState  
NYZip Code  
10952-4416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9874755

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Noel-Jeune, Rootchild, , ,**Mailing Address 34 Twin Lakes Dr  
NullCity  
AirmontState  
NYZip Code  
10952-4416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9878500

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1991 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Noel-Jeune, Rootchild, , ,**Mailing Address 34 Twin Lakes Dr  
NullCity  
AirmontState  
NYZip Code  
10952-4416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874756

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Noel-Jeune, Rootchild, , ,**Mailing Address 34 Twin Lakes Dr  
NullCity  
AirmontState  
NYZip Code  
10952-4416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9878501

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nolan, Micheal, , ,**Mailing Address 941 E 223rd St  
Apt 21City  
BronxState  
NYZip Code  
10466-4601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIALS HANDLER I U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881109

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1992 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nolan, Micheal, , ,**Mailing Address 941 E 223rd St  
Apt 21City  
BronxState  
NYZip Code  
10466-4601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIALS HANDLER I U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881110

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nolan, Micheal, , ,**Mailing Address 941 E 223rd St  
Apt 21City  
BronxState  
NYZip Code  
10466-4601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIALS HANDLER I U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876217

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nolan, Micheal, , ,**Mailing Address 941 E 223rd St  
Apt 21City  
BronxState  
NYZip Code  
10466-4601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIALS HANDLER I U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881107

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1993 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nolan, Micheal, , ,**Mailing Address 941 E 223rd St  
Apt 21City  
BronxState  
NYZip Code  
10466-4601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIALS HANDLER I U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876218

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nolan, Micheal, , ,**Mailing Address 941 E 223rd St  
Apt 21City  
BronxState  
NYZip Code  
10466-4601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MATERIALS HANDLER I U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881108

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Norris, Heather, , ,**

Mailing Address 5412 D St SE

City  
WashingtonState  
DCZip Code  
20019-6133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ingleside @ Rock CreekOccupation (for Individual)  
Concierge

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9875956

Amount of Each Receipt this Period

27.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

67.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1994 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Norris, Heather, , ,**

Mailing Address 5412 D St SE

City  
Washington

State  
DC

Zip Code  
20019-6133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ingleside @ Rock Creek

Occupation (for Individual)  
Concierge

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9875957**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nowak, Marta, , ,**

Mailing Address 526 Nugent Ave

City  
Staten Island

State  
NY

Zip Code  
10305-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Laboratory Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9877431**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nowak, Marta, , ,**

Mailing Address 526 Nugent Ave

City  
Staten Island

State  
NY

Zip Code  
10305-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Laboratory Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

**Transaction ID : 9877432**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

58.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1995 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nowak, Marta, , ,**

Mailing Address 526 Nugent Ave

City  
Staten Island

State  
NY

Zip Code  
10305-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Laboratory Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9873625**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nowak, Marta, , ,**

Mailing Address 526 Nugent Ave

City  
Staten Island

State  
NY

Zip Code  
10305-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Laboratory Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9877428**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nowak, Marta, , ,**

Mailing Address 526 Nugent Ave

City  
Staten Island

State  
NY

Zip Code  
10305-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Laboratory Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9873626**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1996 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nowak, Marta, , ,**

Mailing Address 526 Nugent Ave

City  
Staten Island

State  
NY

Zip Code  
10305-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Laboratory Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9877430**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Numa, Rose-Flore, , ,**

Mailing Address 1040 NW 123rd St

City  
North Miami

State  
FL

Zip Code  
33168-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9873967**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Numa, Rose-Flore, , ,**

Mailing Address 1040 NW 123rd St

City  
North Miami

State  
FL

Zip Code  
33168-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9882187**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1997 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Numa, Rose-Flore, , ,**

Mailing Address 1040 NW 123rd St

City  
North MiamiState  
FLZip Code  
33168-6416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873969

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Numa, Rose-Flore, , ,**

Mailing Address 1040 NW 123rd St

City  
North MiamiState  
FLZip Code  
33168-6416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882189

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Numa, Rose-Flore, , ,**

Mailing Address 1040 NW 123rd St

City  
North MiamiState  
FLZip Code  
33168-6416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9873968

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1998 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Numa, Rose-Flore, , ,**

Mailing Address 1040 NW 123rd St

City  
North MiamiState  
FLZip Code  
33168-6416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882188

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'Hara, Sean, , ,**

Mailing Address 6502 Ovenbird Rd

City  
Weeki WacheeState  
FLZip Code  
34613-6347FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill HospitalOccupation (for Individual)  
Central Sterile Tech Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9882397

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'Hara, Sean, , ,**

Mailing Address 6502 Ovenbird Rd

City  
Weeki WacheeState  
FLZip Code  
34613-6347FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Oak Hill HospitalOccupation (for Individual)  
Central Sterile Tech Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875002

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1999 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'Hara, Sean, , ,**

Mailing Address 6502 Ovenbird Rd

City

Weeki Wachee

State

FL

Zip Code

34613-6347

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Oak Hill Hospital

Occupation (for Individual)

Central Sterile Tech Cert

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 28    |   | 2025        |

**Transaction ID : 9882396**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oakes, Gabriella-Ann, , ,**

Mailing Address 138 Hardenburgh Rd

City

Pine Bush

State

NY

Zip Code

12566-5718

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Garnet Health Medical Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 30    |   | 2025        |

**Transaction ID : 9880512**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oakes, Gabriella-Ann, , ,**

Mailing Address 138 Hardenburgh Rd

City

Pine Bush

State

NY

Zip Code

12566-5718

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Garnet Health Medical Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 27    |   | 2025        |

**Transaction ID : 9880513**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2000 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oakes, Gabriella-Ann, , ,**

Mailing Address 138 Hardenburgh Rd

City  
Pine Bush

State  
NY

Zip Code  
12566-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

**Transaction ID : 9880514**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oakes, Gabriella-Ann, , ,**

Mailing Address 138 Hardenburgh Rd

City  
Pine Bush

State  
NY

Zip Code  
12566-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9880515**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oakes, Gabriella-Ann, , ,**

Mailing Address 138 Hardenburgh Rd

City  
Pine Bush

State  
NY

Zip Code  
12566-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

**Transaction ID : 9875124**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2001 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oakes, Gabriella-Ann, , ,**

Mailing Address 138 Hardenburgh Rd

City  
Pine BushState  
NYZip Code  
12566-5718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9880511

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Obas, Esdras, , ,**Mailing Address 1338 E 98th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Health System Pharmacist 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879158

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Obas, Esdras, , ,**Mailing Address 1338 E 98th St  
NullCity  
BrooklynState  
NYZip Code  
11236-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Health System Pharmacist 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875612

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2002 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Obas, Esdras, , ,**

Mailing Address 1338 E 98th St

Null

City

Brooklyn

State

NY

Zip Code

11236-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9879156

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Obas, Esdras, , ,**

Mailing Address 1338 E 98th St

Null

City

Brooklyn

State

NY

Zip Code

11236-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875613

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Obas, Esdras, , ,**

Mailing Address 1338 E 98th St

Null

City

Brooklyn

State

NY

Zip Code

11236-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Health System Pharmacist 2

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9879157

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2003 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ocean, Tiffany, , ,**

Mailing Address 475 Carlton Ave  
Apt 4A

City  
Brooklyn

State  
NY

Zip Code  
11238-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2025

**Transaction ID : 9881398**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ocean, Tiffany, , ,**

Mailing Address 475 Carlton Ave  
Apt 4A

City  
Brooklyn

State  
NY

Zip Code  
11238-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2025

**Transaction ID : 9881399**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ocean, Tiffany, , ,**

Mailing Address 475 Carlton Ave  
Apt 4A

City  
Brooklyn

State  
NY

Zip Code  
11238-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2025

**Transaction ID : 9874673**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2004 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ocean, Tiffany, , ,**Mailing Address 475 Carlton Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11238-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health CenterOccupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9881396

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ocean, Tiffany, , ,**Mailing Address 475 Carlton Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11238-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health CenterOccupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9874674

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ocean, Tiffany, , ,**Mailing Address 475 Carlton Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11238-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health CenterOccupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9881397

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2005 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oconnor, Rinaldo, , ,**Mailing Address 4709 Osman Pl  
Apt 13City  
BronxState  
NYZip Code  
10470-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880907

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oconnor, Rinaldo, , ,**Mailing Address 4709 Osman Pl  
Apt 13City  
BronxState  
NYZip Code  
10470-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880908

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oconnor, Rinaldo, , ,**Mailing Address 4709 Osman Pl  
Apt 13City  
BronxState  
NYZip Code  
10470-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876141

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2006 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oconnor, Rinaldo, , ,**Mailing Address 4709 Osman Pl  
Apt 13City  
BronxState  
NYZip Code  
10470-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880905

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oconnor, Rinaldo, , ,**Mailing Address 4709 Osman Pl  
Apt 13City  
BronxState  
NYZip Code  
10470-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876142

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oconnor, Rinaldo, , ,**Mailing Address 4709 Osman Pl  
Apt 13City  
BronxState  
NYZip Code  
10470-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880906

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2007 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oduro, Ishmeal, , ,**Mailing Address 100 De Kruif Pl  
Apt 5DCity  
BronxState  
NYZip Code  
10475-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
CT and MRI Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875055

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oduro, Ishmeal, , ,**Mailing Address 100 De Kruif Pl  
Apt 5DCity  
BronxState  
NYZip Code  
10475-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
CT and MRI Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875056

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oduro, Ishmeal, , ,**Mailing Address 100 De Kruif Pl  
Apt 5DCity  
BronxState  
NYZip Code  
10475-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
CT and MRI Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9875057

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2008 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oduro, Ishmeal, , ,**Mailing Address 100 De Kruif Pl  
Apt 5DCity  
BronxState  
NYZip Code  
10475-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
CT and MRI Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875058

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oduro, Ishmeal, , ,**Mailing Address 100 De Kruif Pl  
Apt 5DCity  
BronxState  
NYZip Code  
10475-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
CT and MRI Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875059

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oduro, Ishmeal, , ,**Mailing Address 100 De Kruif Pl  
Apt 5DCity  
BronxState  
NYZip Code  
10475-2446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
CT and MRI Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875060

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2009 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878113

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878070

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9878071

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2010 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878072

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9873722

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9878111

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2011 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oduro-Kwakye, Edward, , ,**

Mailing Address 100 Debs Pl  
Apt 4E

City  
Bronx

State  
NY

Zip Code  
10475-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net

Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9878073**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oduro-Kwakye, Edward, , ,**

Mailing Address 100 Debs Pl  
Apt 4E

City  
Bronx

State  
NY

Zip Code  
10475-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net

Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9878074**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oduro-Kwakye, Edward, , ,**

Mailing Address 100 Debs Pl  
Apt 4E

City  
Bronx

State  
NY

Zip Code  
10475-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net

Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9873723**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2012 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oduro-Kwakye, Edward, , ,**Mailing Address 100 Debs Pl  
Apt 4ECity  
BronxState  
NYZip Code  
10475-2523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Promesa Inc & Casa Promesa (Acacia Net)Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878112

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olibrice, Elisabeth, , ,**Mailing Address 18830 87th Dr  
Apt 3NCity  
HollisState  
NYZip Code  
11423-1945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879604

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olibrice, Elisabeth, , ,**Mailing Address 18830 87th Dr  
Apt 3NCity  
HollisState  
NYZip Code  
11423-1945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879605

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2013 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olibrice, Elisabeth, , ,**

Mailing Address 18830 87th Dr  
Apt 3N

City  
Hollis

State  
NY

Zip Code  
11423-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9875150**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olibrice, Elisabeth, , ,**

Mailing Address 18830 87th Dr  
Apt 3N

City  
Hollis

State  
NY

Zip Code  
11423-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9879602**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olibrice, Elisabeth, , ,**

Mailing Address 18830 87th Dr  
Apt 3N

City  
Hollis

State  
NY

Zip Code  
11423-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9875151**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2014 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olibrice, Elisabeth, , ,**

Mailing Address 18830 87th Dr  
Apt 3N

City  
Hollis

State  
NY

Zip Code  
11423-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9879603**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliva, Roberta, , ,**

Mailing Address 30 Continental Pl  
Apt 2

City  
Glen Cove

State  
NY

Zip Code  
11542-3270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9879800**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliva, Roberta, , ,**

Mailing Address 30 Continental Pl  
Apt 2

City  
Glen Cove

State  
NY

Zip Code  
11542-3270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

207.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

**Transaction ID : 9879801**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2015 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliva, Roberta, , ,**

Mailing Address 30 Continental Pl  
Apt 2

City  
Glen Cove

State  
NY

Zip Code  
11542-3270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.17

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

**Transaction ID : 9879802**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliva, Roberta, , ,**

Mailing Address 30 Continental Pl  
Apt 2

City  
Glen Cove

State  
NY

Zip Code  
11542-3270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.17

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9873523**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliva, Roberta, , ,**

Mailing Address 30 Continental Pl  
Apt 2

City  
Glen Cove

State  
NY

Zip Code  
11542-3270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

207.17

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9879799**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2016 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver, Clifford, , ,**

Mailing Address 34 Sky Moore Ln

City  
West Hurley

State  
NY

Zip Code  
12491-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9880445

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliver, Clifford, , ,**

Mailing Address 34 Sky Moore Ln

City  
West Hurley

State  
NY

Zip Code  
12491-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 22 / 2025

Transaction ID : 9880446

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliver, Clifford, , ,**

Mailing Address 34 Sky Moore Ln

City  
West Hurley

State  
NY

Zip Code  
12491-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 05 / 2025

Transaction ID : 9874602

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2017 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver, Clifford, , ,**

Mailing Address 34 Sky Moore Ln

City  
West HurleyState  
NYZip Code  
12491-5025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880443

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliver, Clifford, , ,**

Mailing Address 34 Sky Moore Ln

City  
West HurleyState  
NYZip Code  
12491-5025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874603

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliver, Clifford, , ,**

Mailing Address 34 Sky Moore Ln

City  
West HurleyState  
NYZip Code  
12491-5025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9880444

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2018 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver, Shania, , ,**

Mailing Address 4516 Shamrock Ave

City  
Baltimore

State  
MD

Zip Code  
21206-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 27 / 2025

Transaction ID : 9882753

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliver, Shania, , ,**

Mailing Address 4516 Shamrock Ave

City  
Baltimore

State  
MD

Zip Code  
21206-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 27 / 2025

Transaction ID : 9882754

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliver, Shania, , ,**

Mailing Address 4516 Shamrock Ave

City  
Baltimore

State  
MD

Zip Code  
21206-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 03 / 2025

Transaction ID : 9882755

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2019 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver, Shania, , ,**

Mailing Address 4516 Shamrock Ave

City  
Baltimore

State  
MD

Zip Code  
21206-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9882752**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliver, Shania, , ,**

Mailing Address 4516 Shamrock Ave

City  
Baltimore

State  
MD

Zip Code  
21206-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9874003**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliver, Shania, , ,**

Mailing Address 4516 Shamrock Ave

City  
Baltimore

State  
MD

Zip Code  
21206-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland Midtown Campus

Occupation (for Individual)  
Tech Patient Care UN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9882751**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2020 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver-Pierre, Rose, , ,**

Mailing Address 21 Brewster St  
Apt 144

City  
Glen Cove

State  
NY

Zip Code  
11542-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.81

Date of Receipt

08 / 13 / 2025

**Transaction ID : 9879804**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliver-Pierre, Rose, , ,**

Mailing Address 21 Brewster St  
Apt 144

City  
Glen Cove

State  
NY

Zip Code  
11542-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.81

Date of Receipt

08 / 26 / 2025

**Transaction ID : 9879805**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oliver-Pierre, Rose, , ,**

Mailing Address 21 Brewster St  
Apt 144

City  
Glen Cove

State  
NY

Zip Code  
11542-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.81

Date of Receipt

09 / 29 / 2025

**Transaction ID : 9879806**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2021 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver-Pierre, Rose, , ,**

Mailing Address 21 Brewster St  
Apt 144

City  
Glen Cove

State  
NY

Zip Code  
11542-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.81

Date of Receipt

11 / 24 / 2025

Transaction ID : 9873524

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oliver-Pierre, Rose, , ,**

Mailing Address 21 Brewster St  
Apt 144

City  
Glen Cove

State  
NY

Zip Code  
11542-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.81

Date of Receipt

11 / 24 / 2025

Transaction ID : 9879803

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olusanya, Oluwawolemiwa, , ,**

Mailing Address 114 Woodland Ave

City  
Yonkers

State  
NY

Zip Code  
10703-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
TECHNOLOGIST AIDE (RADIOLOGY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

287.50

Date of Receipt

09 / 16 / 2025

Transaction ID : 9875088

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2022 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olusanya, Oluwawolemiwa, , ,**

Mailing Address 114 Woodland Ave

City  
Yonkers

State  
NY

Zip Code  
10703-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
TECHNOLOGIST AIDE (RADIOLOGY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9878345**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olusanya, Oluwawolemiwa, , ,**

Mailing Address 114 Woodland Ave

City  
Yonkers

State  
NY

Zip Code  
10703-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
TECHNOLOGIST AIDE (RADIOLOGY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9875089**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olusanya, Oluwawolemiwa, , ,**

Mailing Address 114 Woodland Ave

City  
Yonkers

State  
NY

Zip Code  
10703-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside Hospital

Occupation (for Individual)  
TECHNOLOGIST AIDE (RADIOLOGY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : 9878346**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2023 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olusanya, Oluwawolemiwa, , ,**

Mailing Address 114 Woodland Ave

City  
YonkersState  
NYZip Code  
10703-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNOLOGIST AIDE (RADIOLOGY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875090

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olusanya, Oluwawolemiwa, , ,**

Mailing Address 114 Woodland Ave

City  
YonkersState  
NYZip Code  
10703-2308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNOLOGIST AIDE (RADIOLOGY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875091

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oneal, Kecia, , ,**Mailing Address 195 Cedar Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10305-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880850

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2024 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oneal, Kecia, , ,**Mailing Address 195 Cedar Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10305-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9873532

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oneal, Kecia, , ,**Mailing Address 195 Cedar Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10305-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9873533

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oneal, Kecia, , ,**Mailing Address 195 Cedar Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10305-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9873534

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2025 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oneal, Kecia, , ,**Mailing Address 195 Cedar Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10305-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873535

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oneal, Kecia, , ,**Mailing Address 195 Cedar Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10305-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873536

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
OrlandoState  
FLZip Code  
32837-6589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9882028

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2026 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
OrlandoState  
FLZip Code  
32837-6589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882029

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
OrlandoState  
FLZip Code  
32837-6589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9882030

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
OrlandoState  
FLZip Code  
32837-6589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9882031

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2027 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
Orlando

State  
FL

Zip Code  
32837-6589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9873568**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
Orlando

State  
FL

Zip Code  
32837-6589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9882026**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ornis, Margalite, , ,**

Mailing Address 1728 Acker St

City  
Orlando

State  
FL

Zip Code  
32837-6589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Parks Health Care & Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

**Transaction ID : 9882027**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2028 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortega, Bolivar, , ,**Mailing Address 4500 Broadway  
Apt 5ECity  
New YorkState  
NYZip Code  
10040-2640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874097

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortega, Bolivar, , ,**Mailing Address 4500 Broadway  
Apt 5ECity  
New YorkState  
NYZip Code  
10040-2640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hope Center for HIV and Nursing CareOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874098

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortega, Dinorah, , ,**Mailing Address 390 Georgia Ave  
Apt 6GCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875691

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2029 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortega, Dinorah, , ,**Mailing Address 390 Georgia Ave  
Apt 6GCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878732

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortega, Dinorah, , ,**Mailing Address 390 Georgia Ave  
Apt 6GCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875692

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortega, Dinorah, , ,**Mailing Address 390 Georgia Ave  
Apt 6GCity  
BrooklynState  
NYZip Code  
11207-4663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875693

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2030 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz De Alfaro, Aracelys, , ,**

Mailing Address 49 B Delamere St

City  
HuntingtonState  
NYZip Code  
11743-5571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilaire Rehab & NursingOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9880231

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz De Alfaro, Aracelys, , ,**

Mailing Address 49 B Delamere St

City  
HuntingtonState  
NYZip Code  
11743-5571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilaire Rehab & NursingOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9880232

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz De Alfaro, Aracelys, , ,**

Mailing Address 49 B Delamere St

City  
HuntingtonState  
NYZip Code  
11743-5571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilaire Rehab & NursingOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875906

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2031 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz De Alfaro, Aracelys, , ,**

Mailing Address 49 B Delamere St

City  
HuntingtonState  
NYZip Code  
11743-5571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilaire Rehab & NursingOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880229

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz De Alfaro, Aracelys, , ,**

Mailing Address 49 B Delamere St

City  
HuntingtonState  
NYZip Code  
11743-5571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilaire Rehab & NursingOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875907

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz De Alfaro, Aracelys, , ,**

Mailing Address 49 B Delamere St

City  
HuntingtonState  
NYZip Code  
11743-5571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilaire Rehab & NursingOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9880230

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2032 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Catherine, , ,**Mailing Address 80 Academy St  
Apt 1

City

Poughkeepsie

State

NY

Zip Code

12601-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9880584

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Catherine, , ,**Mailing Address 80 Academy St  
Apt 1

City

Poughkeepsie

State

NY

Zip Code

12601-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9880585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Catherine, , ,**Mailing Address 80 Academy St  
Apt 1

City

Poughkeepsie

State

NY

Zip Code

12601-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875837

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2033 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Catherine, , ,**Mailing Address 80 Academy St  
Apt 1

City

Poughkeepsie

State

NY

Zip Code

12601-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880582

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Catherine, , ,**Mailing Address 80 Academy St  
Apt 1

City

Poughkeepsie

State

NY

Zip Code

12601-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875838

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Catherine, , ,**Mailing Address 80 Academy St  
Apt 1

City

Poughkeepsie

State

NY

Zip Code

12601-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vassar Brothers Hospital

Occupation (for Individual)

Patient Safety Companion

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9880583

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2034 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Felisha, , ,**Mailing Address 47 Riverdale Ave  
Apt A920City  
YonkersState  
NYZip Code  
10701-3607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River HealthOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878313

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Felisha, , ,**Mailing Address 47 Riverdale Ave  
Apt A920City  
YonkersState  
NYZip Code  
10701-3607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River HealthOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878314

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Felisha, , ,**Mailing Address 47 Riverdale Ave  
Apt A920City  
YonkersState  
NYZip Code  
10701-3607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River HealthOccupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878315

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

27.69

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2035 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

**Transaction ID : 9876590**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2025

**Transaction ID : 9878310**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

**Transaction ID : 9876591**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2036 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

**Transaction ID : 9878311**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : 9876589**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : 9878309**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2037 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9876592

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Felisha, , ,**

Mailing Address 47 Riverdale Ave  
Apt A920

City  
Yonkers

State  
NY

Zip Code  
10701-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun River Health

Occupation (for Individual)  
Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878312

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Genesis, Milagro, , ,**

Mailing Address 2133 Milburn Ave

City  
North Baldwin

State  
NY

Zip Code  
11510-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Services Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874327

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2038 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Genesis, Milagro, , ,**

Mailing Address 2133 Milburn Ave

City  
North BaldwinState  
NYZip Code  
11510-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874328

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Genesis, Milagro, , ,**

Mailing Address 2133 Milburn Ave

City  
North BaldwinState  
NYZip Code  
11510-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874329

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Genesis, Milagro, , ,**

Mailing Address 2133 Milburn Ave

City  
North BaldwinState  
NYZip Code  
11510-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Patient Services Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874330

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2039 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Genesis, Milagro, , ,**

Mailing Address 2133 Milburn Ave

City  
North Baldwin

State  
NY

Zip Code  
11510-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Services Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874331**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Genesis, Milagro, , ,**

Mailing Address 2133 Milburn Ave

City  
North Baldwin

State  
NY

Zip Code  
11510-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Patient Services Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874332**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Heriberto, , ,**

Mailing Address 4302 M St

City  
Philadelphia

State  
PA

Zip Code  
19124-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 01 / 2025

**Transaction ID : 9882736**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2040 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Heriberto, , ,**

Mailing Address 4302 M St

City  
Philadelphia

State  
PA

Zip Code  
19124-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2025

Transaction ID : 9882737

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Heriberto, , ,**

Mailing Address 4302 M St

City  
Philadelphia

State  
PA

Zip Code  
19124-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 03 / 2025

Transaction ID : 9875444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ortiz, Heriberto, , ,**

Mailing Address 4302 M St

City  
Philadelphia

State  
PA

Zip Code  
19124-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 03 / 2025

Transaction ID : 9882734

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2041 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortiz, Heriberto, , ,**

Mailing Address 4302 M St

City  
Philadelphia

State  
PA

Zip Code  
19124-4330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 04 / 2025**

**Transaction ID : 9875445**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortiz, Heriberto, , ,**

Mailing Address 4302 M St

City  
Philadelphia

State  
PA

Zip Code  
19124-4330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 04 / 2025**

**Transaction ID : 9882735**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Otero, Elsie, , ,**

Mailing Address 1831 Nadine Rd  
Apt 207

City  
Wesley Chapel

State  
FL

Zip Code  
33544-4932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**07 / 01 / 2025**

**Transaction ID : 9882805**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2042 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Otero, Elsie, , ,**Mailing Address 1831 Nadine Rd  
Apt 207City  
Wesley ChapelState  
FLZip Code  
33544-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882806

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Otero, Elsie, , ,**Mailing Address 1831 Nadine Rd  
Apt 207City  
Wesley ChapelState  
FLZip Code  
33544-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875405

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Otero, Elsie, , ,**Mailing Address 1831 Nadine Rd  
Apt 207City  
Wesley ChapelState  
FLZip Code  
33544-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882803

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2043 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Otero, Elsie, , ,**Mailing Address 1831 Nadine Rd  
Apt 207City  
Wesley ChapelState  
FLZip Code  
33544-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875406

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Otero, Elsie, , ,**Mailing Address 1831 Nadine Rd  
Apt 207City  
Wesley ChapelState  
FLZip Code  
33544-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882804

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880437

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2044 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873819

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880432

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873818

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

27.72

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2045 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
Kerhonkson

State  
NY

Zip Code  
12446-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9880431**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
Kerhonkson

State  
NY

Zip Code  
12446-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9873820**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
Kerhonkson

State  
NY

Zip Code  
12446-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9880433**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2046 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9873822

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880434

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
KerhonksonState  
NYZip Code  
12446-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9873823

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

27.72

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2047 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
Kerhonkson

State  
NY

Zip Code  
12446-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9880435**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
Kerhonkson

State  
NY

Zip Code  
12446-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9873824**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ottaviano, Anthony, , ,**

Mailing Address 8 2nd St

City  
Kerhonkson

State  
NY

Zip Code  
12446-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9880436**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2048 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Owusu-Mensah, Eugene, , ,**Mailing Address 2068 Washington Ave  
NullCity  
BronxState  
NYZip Code  
10457-3282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Pharmacist Level 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877606

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Owusu-Mensah, Eugene, , ,**Mailing Address 2068 Washington Ave  
NullCity  
BronxState  
NYZip Code  
10457-3282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Pharmacist Level 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875642

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Owusu-Mensah, Eugene, , ,**Mailing Address 2068 Washington Ave  
NullCity  
BronxState  
NYZip Code  
10457-3282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Pharmacist Level 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9877604

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2049 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Owusu-Mensah, Eugene, , ,**Mailing Address 2068 Washington Ave  
NullCity  
BronxState  
NYZip Code  
10457-3282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Pharmacist Level 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875643

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Owusu-Mensah, Eugene, , ,**Mailing Address 2068 Washington Ave  
NullCity  
BronxState  
NYZip Code  
10457-3282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Pharmacist Level 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9877605

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Owusu-Poku Cudjoe, Kofi, , ,**Mailing Address 140 Erdman Pl  
Apt 20City  
BronxState  
NYZip Code  
10475-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881067

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2050 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Owusu-Poku Cudjoe, Kofi, , ,**Mailing Address 140 Erdman Pl  
Apt 20City  
BronxState  
NYZip Code  
10475-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881068

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Owusu-Poku Cudjoe, Kofi, , ,**Mailing Address 140 Erdman Pl  
Apt 20City  
BronxState  
NYZip Code  
10475-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876189

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Owusu-Poku Cudjoe, Kofi, , ,**Mailing Address 140 Erdman Pl  
Apt 20City  
BronxState  
NYZip Code  
10475-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881065

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2051 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Owusu-Poku Cudjoe, Kofi, , ,**Mailing Address 140 Erdman Pl  
Apt 20City  
BronxState  
NYZip Code  
10475-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876190

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Owusu-Poku Cudjoe, Kofi, , ,**Mailing Address 140 Erdman Pl  
Apt 20City  
BronxState  
NYZip Code  
10475-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881066

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Owusu, Agnes, , ,**Mailing Address 215 E 197th St  
Apt 1BCity  
BronxState  
NYZip Code  
10458-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874924

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2052 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Owysu, Agnes, , ,**

Mailing Address 215 E 197th St  
Apt 1B

City  
Bronx

State  
NY

Zip Code  
10458-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9877661

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Owysu, Agnes, , ,**

Mailing Address 215 E 197th St  
Apt 1B

City  
Bronx

State  
NY

Zip Code  
10458-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874925

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Owysu, Agnes, , ,**

Mailing Address 215 E 197th St  
Apt 1B

City  
Bronx

State  
NY

Zip Code  
10458-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9877662

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2053 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ozoria, Cynthia, , ,**Mailing Address 9814 Corona Ave  
Apt 2BCity  
CoronaState  
NYZip Code  
11368-2732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Ultrasound Technologist - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874412

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ozoria, Cynthia, , ,**Mailing Address 9814 Corona Ave  
Apt 2BCity  
CoronaState  
NYZip Code  
11368-2732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Ultrasound Technologist - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9874413

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ozoria, Cynthia, , ,**Mailing Address 9814 Corona Ave  
Apt 2BCity  
CoronaState  
NYZip Code  
11368-2732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Ultrasound Technologist - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9874414

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2054 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ozoria, Cynthia, , ,**

Mailing Address 9814 Corona Ave  
Apt 2B

City  
Corona

State  
NY

Zip Code  
11368-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Ultrasound Technologist - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9874415**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ozoria, Cynthia, , ,**

Mailing Address 9814 Corona Ave  
Apt 2B

City  
Corona

State  
NY

Zip Code  
11368-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Ultrasound Technologist - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9874416**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ozoria, Cynthia, , ,**

Mailing Address 9814 Corona Ave  
Apt 2B

City  
Corona

State  
NY

Zip Code  
11368-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Ultrasound Technologist - Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874417**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2055 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882680

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9882687

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9882681

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2056 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882688

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9882689

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9882682

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2057 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
Jamaica

State  
NY

Zip Code  
11434-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9882683**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
Jamaica

State  
NY

Zip Code  
11434-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

**Transaction ID : 9882690**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
Jamaica

State  
NY

Zip Code  
11434-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : 9882684**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2058 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875385

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9882685

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Barbara, , ,**

Mailing Address 14479 176th St

City  
JamaicaState  
NYZip Code  
11434-4932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hempstead Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9882686

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2059 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paisley, Velma, , ,**Mailing Address 11140 178th St  
NullCity  
JamaicaState  
NYZip Code  
11433-4116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874242

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paisley, Velma, , ,**Mailing Address 11140 178th St  
NullCity  
JamaicaState  
NYZip Code  
11433-4116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9882667

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paisley, Velma, , ,**Mailing Address 11140 178th St  
NullCity  
JamaicaState  
NYZip Code  
11433-4116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874243

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2060 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paisley, Velma, , ,**Mailing Address 11140 178th St  
NullCity  
JamaicaState  
NYZip Code  
11433-4116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9882668

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pajk, Olivera, , ,**

Mailing Address 5959 Orange Rd

City

West Palm Beach

State  
FLZip Code  
33413-1781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875291

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pajk, Olivera, , ,**

Mailing Address 5959 Orange Rd

City

West Palm Beach

State  
FLZip Code  
33413-1781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875292

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2061 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pajk, Olivera, , ,**

Mailing Address 5959 Orange Rd

City  
West Palm BeachState  
FLZip Code  
33413-1781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875290

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pajk, Olivera, , ,**

Mailing Address 5959 Orange Rd

City  
West Palm BeachState  
FLZip Code  
33413-1781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875293

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878251

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2062 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9875221

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878250

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9875220

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2063 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
Scarsdale

State  
NY

Zip Code  
10583-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 15 / 2025

Transaction ID : 9874741

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
Scarsdale

State  
NY

Zip Code  
10583-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 16 / 2025

Transaction ID : 9875222

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
Scarsdale

State  
NY

Zip Code  
10583-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

10 / 14 / 2025

Transaction ID : 9875223

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2064 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9874742

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874743

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
ScarsdaleState  
NYZip Code  
10583-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9875224

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2065 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
Scarsdale

State  
NY

Zip Code  
10583-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9874744**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palackal, Jessy, , ,**

Mailing Address 307 Wyndcliffe Rd

City  
Scarsdale

State  
NY

Zip Code  
10583-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's Hospital

Occupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9875225**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

**Transaction ID : 9878095**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2066 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

**Transaction ID : 9878096**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

**Transaction ID : 9878065**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025

**Transaction ID : 9878066**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2067 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 04 / 2025

Transaction ID : 9878097

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 29 / 2025

Transaction ID : 9878067

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 24 / 2025

Transaction ID : 9878068

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2068 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 24 / 2025

Transaction ID : 9878069

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 18 / 2025

Transaction ID : 9876464

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palazzola, Valerie, , ,**

Mailing Address 140 Debs Pl  
Apt 22G

City  
Bronx

State  
NY

Zip Code  
10475-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside House

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 18 / 2025

Transaction ID : 9878094

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2069 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palazzola, Valerie, , ,**Mailing Address 140 Debs Pl  
Apt 22GCity  
BronxState  
NYZip Code  
10475-2550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morningside HouseOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9878098

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pallani, Diana, , ,**Mailing Address 618 Yonkers Ave  
Apt 28City  
YonkersState  
NYZip Code  
10704-2697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881271

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pallani, Diana, , ,**Mailing Address 618 Yonkers Ave  
Apt 28City  
YonkersState  
NYZip Code  
10704-2697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881272

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2070 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pallani, Diana, , ,**Mailing Address 618 Yonkers Ave  
Apt 28City  
YonkersState  
NYZip Code  
10704-2697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876282

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pallani, Diana, , ,**Mailing Address 618 Yonkers Ave  
Apt 28City  
YonkersState  
NYZip Code  
10704-2697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881269

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pallani, Diana, , ,**Mailing Address 618 Yonkers Ave  
Apt 28City  
YonkersState  
NYZip Code  
10704-2697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876283

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2071 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pallani, Diana, , ,**Mailing Address 618 Yonkers Ave  
Apt 28City  
YonkersState  
NYZip Code  
10704-2697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881270

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palmer Oregon, Leoyda, , ,**Mailing Address 3022 Cortelyou Rd  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-6420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875669

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palmer Oregon, Leoyda, , ,**Mailing Address 3022 Cortelyou Rd  
Apt 2FCity  
BrooklynState  
NYZip Code  
11226-6420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9879148

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2072 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palmer Oregon, Leoyda, , ,**

Mailing Address 3022 Cortelyou Rd  
Apt 2F

City  
Brooklyn

State  
NY

Zip Code  
11226-6420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

**Transaction ID : 9875670**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palmer Oregon, Leoyda, , ,**

Mailing Address 3022 Cortelyou Rd  
Apt 2F

City  
Brooklyn

State  
NY

Zip Code  
11226-6420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9875671**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palmieri-Garcia, Sabrina, , ,**

Mailing Address 10713 Wingate Dr

City  
Tampa

State  
FL

Zip Code  
33624-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9882316**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2073 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palmieri-Garcia, Sabrina, , ,**

Mailing Address 10713 Wingate Dr

City  
Tampa

State  
FL

Zip Code  
33624-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

**Transaction ID : 9882317**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palmieri-Garcia, Sabrina, , ,**

Mailing Address 10713 Wingate Dr

City  
Tampa

State  
FL

Zip Code  
33624-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9882318**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palmieri-Garcia, Sabrina, , ,**

Mailing Address 10713 Wingate Dr

City  
Tampa

State  
FL

Zip Code  
33624-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9882319**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2074 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palmieri-Garcia, Sabrina, , ,**

Mailing Address 10713 Wingate Dr

City  
TampaState  
FLZip Code  
33624-5227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876789

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palmieri-Garcia, Sabrina, , ,**

Mailing Address 10713 Wingate Dr

City  
TampaState  
FLZip Code  
33624-5227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9882315

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parker, Tamika, , ,**Mailing Address 390 Bushwick Ave  
Apt 7ACity  
BrooklynState  
NYZip Code  
11206-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9875259

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2075 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parker, Tamika, , ,**

Mailing Address 390 Bushwick Ave  
Apt 7A

City  
Brooklyn

State  
NY

Zip Code  
11206-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare Network

Occupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2025

Transaction ID : 9878726

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parker, Tamika, , ,**

Mailing Address 390 Bushwick Ave  
Apt 7A

City  
Brooklyn

State  
NY

Zip Code  
11206-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare Network

Occupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2025

Transaction ID : 9875261

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parker, Tamika, , ,**

Mailing Address 390 Bushwick Ave  
Apt 7A

City  
Brooklyn

State  
NY

Zip Code  
11206-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare Network

Occupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2025

Transaction ID : 9875260

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2076 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parker, Tamika, , ,**Mailing Address 390 Bushwick Ave  
Apt 7ACity  
BrooklynState  
NYZip Code  
11206-3716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Healthcare NetworkOccupation (for Individual)  
Medical Assistant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9878727

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parris, Melanie, , ,**

Mailing Address 13123 222nd St

City  
LaureltonState  
NYZip Code  
11413-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highfield GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9876459

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parris, Melanie, , ,**

Mailing Address 13123 222nd St

City  
LaureltonState  
NYZip Code  
11413-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highfield GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9876460

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2077 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parris, Melanie, , ,**

Mailing Address 13123 222nd St

City  
LaureltonState  
NYZip Code  
11413-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highfield GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9876457

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parris, Melanie, , ,**

Mailing Address 13123 222nd St

City  
LaureltonState  
NYZip Code  
11413-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highfield GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9876461

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parris, Melanie, , ,**

Mailing Address 13123 222nd St

City  
LaureltonState  
NYZip Code  
11413-1645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highfield GardensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876458

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2078 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parsons, Tamika, , ,**Mailing Address 25 Maple Ave  
Apt 723City  
New RochelleState  
NYZip Code  
10801-7428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Social Services Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874941

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parsons, Tamika, , ,**Mailing Address 25 Maple Ave  
Apt 723City  
New RochelleState  
NYZip Code  
10801-7428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Social Services Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874942

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
ClewistonState  
FLZip Code  
33440-3209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab CtrOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882286

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2079 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 21 / 2025

Transaction ID : 9882287

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 11 / 2025

Transaction ID : 9882288

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9882281

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2080 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9882284

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9882285

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9882290

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2081 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9882282

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9882283

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9882289

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2082 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

**Transaction ID : 9882292**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

**Transaction ID : 9882291**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2025

**Transaction ID : 9882293**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2083 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 12 / 2025

Transaction ID : 9882294

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 25 / 2025

Transaction ID : 9882295

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
Clewiston

State  
FL

Zip Code  
33440-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab Ctr

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2025

Transaction ID : 9875001

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2084 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patacco, Wendy, , ,**

Mailing Address 626 E Pasadena Ave

City  
ClewistonState  
FLZip Code  
33440-3209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clewiston Nursing & Rehab CtrOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9882280

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paul, Yanick, , ,**

Mailing Address 1414 E 55th St

City  
BrooklynState  
NYZip Code  
11234-3328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875620

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paul, Yanick, , ,**

Mailing Address 1414 E 55th St

City  
BrooklynState  
NYZip Code  
11234-3328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9875619

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2085 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paul, Yanick, , ,**

Mailing Address 1414 E 55th St

City  
BrooklynState  
NYZip Code  
11234-3328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875621

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paul, Yanick, , ,**

Mailing Address 1414 E 55th St

City  
BrooklynState  
NYZip Code  
11234-3328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875622

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paulemon, Ghioberty, , ,**

Mailing Address 6713 NW 27th St

City  
MargateState  
FLZip Code  
33063-2035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 2 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882104

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2086 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paulemon, Ghioberty, , ,**

Mailing Address 6713 NW 27th St

City  
MargateState  
FLZip Code  
33063-2035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 2 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 01 2025

Transaction ID : 9875307

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paulemon, Ghioberty, , ,**

Mailing Address 6713 NW 27th St

City  
MargateState  
FLZip Code  
33063-2035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 2 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 01 2025

Transaction ID : 9882102

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paulemon, Ghioberty, , ,**

Mailing Address 6713 NW 27th St

City  
MargateState  
FLZip Code  
33063-2035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Certified Nursing Assistant 2 (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 01 2025

Transaction ID : 9882103

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2087 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paurom, Yvonne, , ,**

Mailing Address 76 Little St

Null

City

Belleville

State

NJ

Zip Code

07109-3242

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Patient Care Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2025        |

Transaction ID : 9881665

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paurom, Yvonne, , ,**

Mailing Address 76 Little St

Null

City

Belleville

State

NJ

Zip Code

07109-3242

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Patient Care Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 08    |   | 2025        |

Transaction ID : 9881666

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paurom, Yvonne, , ,**

Mailing Address 76 Little St

Null

City

Belleville

State

NJ

Zip Code

07109-3242

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Patient Care Technician

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9873643

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2088 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Paurom, Yvonne, , ,**

Mailing Address 76 Little St

Null

City

Belleville

State

NJ

Zip Code

07109-3242

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Patient Care Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

**Transaction ID : 9881663**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paurom, Yvonne, , ,**

Mailing Address 76 Little St

Null

City

Belleville

State

NJ

Zip Code

07109-3242

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Patient Care Technician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2025        |

**Transaction ID : 9873644**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paurom, Yvonne, , ,**

Mailing Address 76 Little St

Null

City

Belleville

State

NJ

Zip Code

07109-3242

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Patient Care Technician

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2025        |

**Transaction ID : 9881664**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2089 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pearson, Kinniece, , ,**

Mailing Address 70 Fairview Blvd

City  
HempsteadState  
NYZip Code  
11550-2902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879831

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pearson, Kinniece, , ,**

Mailing Address 70 Fairview Blvd

City  
HempsteadState  
NYZip Code  
11550-2902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874374

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pearson, Kinniece, , ,**

Mailing Address 70 Fairview Blvd

City  
HempsteadState  
NYZip Code  
11550-2902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879829

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2090 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pearson, Kinniece, , ,**

Mailing Address 70 Fairview Blvd

City  
Hempstead

State  
NY

Zip Code  
11550-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9874375**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pearson, Kinniece, , ,**

Mailing Address 70 Fairview Blvd

City  
Hempstead

State  
NY

Zip Code  
11550-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9879830**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pelaez Uribe, Santiago, , ,**

Mailing Address 201 Broad St  
Apt 2201

City  
Stamford

State  
CT

Zip Code  
06901-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.80

Date of Receipt

07 / 18 / 2025

**Transaction ID : 9881596**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2091 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pelaez Uribe, Santiago, , ,**

Mailing Address 201 Broad St  
Apt 2201

City  
Stamford

State  
CT

Zip Code  
06901-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9876079**

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pelaez Uribe, Santiago, , ,**

Mailing Address 201 Broad St  
Apt 2201

City  
Stamford

State  
CT

Zip Code  
06901-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9881600**

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pelaez Uribe, Santiago, , ,**

Mailing Address 201 Broad St  
Apt 2201

City  
Stamford

State  
CT

Zip Code  
06901-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9881597**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2092 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9881598

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876080

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9881601

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2093 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9881599

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876081

Amount of Each Receipt this Period

9.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9881602

Amount of Each Receipt this Period

9.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

28.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2094 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pelaez Uribe, Santiago, , ,**Mailing Address 201 Broad St  
Apt 2201City  
StamfordState  
CTZip Code  
06901-2004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Lead Anesthesia Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881603

Amount of Each Receipt this Period

13.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pena, Jessica, , ,**Mailing Address 435 W 31st St  
Apt 34LCity  
New YorkState  
NYZip Code  
10001-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877142

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pena, Jessica, , ,**Mailing Address 435 W 31st St  
Apt 34LCity  
New YorkState  
NYZip Code  
10001-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877143

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53.80

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2095 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pena, Jessica, , ,**Mailing Address 435 W 31st St  
Apt 34LCity  
New YorkState  
NYZip Code  
10001-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873611

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pena, Jessica, , ,**Mailing Address 435 W 31st St  
Apt 34LCity  
New YorkState  
NYZip Code  
10001-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877140

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pena, Jessica, , ,**Mailing Address 435 W 31st St  
Apt 34LCity  
New YorkState  
NYZip Code  
10001-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873612

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2096 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pena, Jessica, , ,**Mailing Address 435 W 31st St  
Apt 34LCity  
New YorkState  
NYZip Code  
10001-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Secretary III-BI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877141

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pennington, Shannon, , ,**

Mailing Address 1272 Cedarcroft Rd

City  
BaltimoreState  
MDZip Code  
21239-1921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Guest Relations Host-Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9881999

Amount of Each Receipt this Period

24.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pennington, Shannon, , ,**

Mailing Address 1272 Cedarcroft Rd

City  
BaltimoreState  
MDZip Code  
21239-1921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical CenterOccupation (for Individual)  
Guest Relations Host-Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874423

Amount of Each Receipt this Period

24.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

68.92



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2097 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennington, Shannon, , ,**

Mailing Address 1272 Cedarcroft Rd

City  
Baltimore

State  
MD

Zip Code  
21239-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Guest Relations Host-Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.14

Date of Receipt

09 / 17 / 2025

Transaction ID : 9881998

Amount of Each Receipt this Period

24.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pennington, Shannon, , ,**

Mailing Address 1272 Cedarcroft Rd

City  
Baltimore

State  
MD

Zip Code  
21239-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Baltimore Medical Center

Occupation (for Individual)  
Guest Relations Host-Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.14

Date of Receipt

12 / 16 / 2025

Transaction ID : 9882000

Amount of Each Receipt this Period

12.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Percival, Neil, , ,**

Mailing Address 156 E 54th St  
Apt 2D

City  
Brooklyn

State  
NY

Zip Code  
11203-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
ENVIRONMENTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 01 / 2025

Transaction ID : 9878689

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

56.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2098 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Percival, Neil, , ,**

Mailing Address 156 E 54th St  
Apt 2D

City  
Brooklyn

State  
NY

Zip Code  
11203-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
ENVIRONMENTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9875628**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Percival, Neil, , ,**

Mailing Address 156 E 54th St  
Apt 2D

City  
Brooklyn

State  
NY

Zip Code  
11203-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
ENVIRONMENTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9878688**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Percival, Neil, , ,**

Mailing Address 156 E 54th St  
Apt 2D

City  
Brooklyn

State  
NY

Zip Code  
11203-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
ENVIRONMENTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9875627**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2099 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                   |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Percival, Neil, , ,</b>                |             |                                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 01 / 2025<br><b>Transaction ID : 9878687</b> |  |
| Mailing Address 156 E 54th St<br>Apt 2D                                                                                         |             |                                                                   |                                                                                                     |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11203-3627                                            |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Maimonides Medical Center                                                                  |             | Occupation (for Individual)<br>ENVIRONMENTAL WORKER               | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Perez, Dora, , ,</b>                   |             |                                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 02 / 2025<br><b>Transaction ID : 9877172</b> |  |
| Mailing Address 238 W 106th St<br>Apt 2B                                                                                        |             |                                                                   |                                                                                                     |  |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10025-3509                                            |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Mount Sinai West                                                                           |             | Occupation (for Individual)<br>Emergency Medical Technician (EMT) | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Perez, Dora, , ,</b>                   |             |                                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 08 / 2025<br><b>Transaction ID : 9877173</b> |  |
| Mailing Address 238 W 106th St<br>Apt 2B                                                                                        |             |                                                                   |                                                                                                     |  |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10025-3509                                            |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Mount Sinai West                                                                           |             | Occupation (for Individual)<br>Emergency Medical Technician (EMT) | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                                |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                                   | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                   |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2100 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perez, Dora, , ,**Mailing Address 238 W 106th St  
Apt 2BCity  
New YorkState  
NYZip Code  
10025-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876563

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perez, Dora, , ,**Mailing Address 238 W 106th St  
Apt 2BCity  
New YorkState  
NYZip Code  
10025-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877170

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perez, Dora, , ,**Mailing Address 238 W 106th St  
Apt 2BCity  
New YorkState  
NYZip Code  
10025-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876564

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2101 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perez, Dora, , ,**Mailing Address 238 W 106th St  
Apt 2BCity  
New YorkState  
NYZip Code  
10025-3509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877171

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perez, Lizette, , ,**

Mailing Address 3011 Northampton St

City  
BethlehemState  
PAZip Code  
18020-5530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881904

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perez, Lizette, , ,**

Mailing Address 3011 Northampton St

City  
BethlehemState  
PAZip Code  
18020-5530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881905

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2102 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perez, Lizette, , ,**

Mailing Address 3011 Northampton St

City  
BethlehemState  
PAZip Code  
18020-5530FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025**Transaction ID : 9876341**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perez, Lizette, , ,**

Mailing Address 3011 Northampton St

City  
BethlehemState  
PAZip Code  
18020-5530FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025**Transaction ID : 9881902**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perez, Lizette, , ,**

Mailing Address 3011 Northampton St

City  
BethlehemState  
PAZip Code  
18020-5530FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025**Transaction ID : 9876342**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2103 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perez, Lizette, , ,**

Mailing Address 3011 Northampton St

City  
BethlehemState  
PAZip Code  
18020-5530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Senior Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881903

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Crystal, , ,**

Mailing Address 17 Eagle St

City  
SchenectadyState  
NYZip Code  
12307-1103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880364

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Crystal, , ,**

Mailing Address 17 Eagle St

City  
SchenectadyState  
NYZip Code  
12307-1103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880365

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2104 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Crystal, , ,**

Mailing Address 17 Eagle St

City  
SchenectadyState  
NYZip Code  
12307-1103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880366

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Crystal, , ,**

Mailing Address 17 Eagle St

City  
SchenectadyState  
NYZip Code  
12307-1103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880367

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Crystal, , ,**

Mailing Address 17 Eagle St

City  
SchenectadyState  
NYZip Code  
12307-1103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876812

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2105 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Crystal, , ,**

Mailing Address 17 Eagle St

City  
SchenectadyState  
NYZip Code  
12307-1103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880363

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Ikeisha, , ,**Mailing Address 1256 E 223rd St  
Apt 1City  
BronxState  
NYZip Code  
10466-5962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877826

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Ikeisha, , ,**Mailing Address 1256 E 223rd St  
Apt 1City  
BronxState  
NYZip Code  
10466-5962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877827

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2106 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Ikeisha, , ,**Mailing Address 1256 E 223rd St  
Apt 1City  
BronxState  
NYZip Code  
10466-5962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877828

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Ikeisha, , ,**Mailing Address 1256 E 223rd St  
Apt 1City  
BronxState  
NYZip Code  
10466-5962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877829

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Ikeisha, , ,**Mailing Address 1256 E 223rd St  
Apt 1City  
BronxState  
NYZip Code  
10466-5962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876044

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2107 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Ikeisha, , ,**Mailing Address 1256 E 223rd St  
Apt 1City  
BronxState  
NYZip Code  
10466-5962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877825

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Jelesesa, , ,**

Mailing Address 202 -16 104 Ave

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACP Queens Long Island Medical Group-LOccupation (for Individual)  
Care Team Associate I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9873491

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Jelesesa, , ,**

Mailing Address 202 -16 104 Ave

City  
QueensState  
NYZip Code  
11412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACP Queens Long Island Medical Group-LOccupation (for Individual)  
Care Team Associate I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873492

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2108 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                    |  |                                                      |                                                                                                     |  |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|----------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Perry, Jelesaa, , ,</b>                                   |  |                                                      | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9873493</b> |  |                |
| Mailing Address 202 -16 104 Ave                                                                                                                    |  |                                                      | Amount of Each Receipt this Period<br>30.00<br><input type="checkbox"/> Memo Item                   |  |                |
| City Queens                                                                                                                                        |  | State NY                                             |                                                                                                     |  | Zip Code 11412 |
| FEC ID number of contributing federal political committee. C                                                                                       |  |                                                      |                                                                                                     |  |                |
| Name of Employer (for Individual)<br>ACP Queens Long Island Medical Group-L                                                                        |  | Occupation (for Individual)<br>Care Team Associate I |                                                                                                     |  |                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | Aggregate Year-to-Date ▼<br>330.00                   |                                                                                                     |  |                |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Perry, Jelesaa, , ,</b>                                   |  |                                                      |                                                                                                     |  |                |
| Mailing Address 202 -16 104 Ave                                                                                                                    |  |                                                      |                                                                                                     |  |                |
| City Queens                                                                                                                                        |  | State NY                                             | Zip Code 11412                                                                                      |  |                |
| FEC ID number of contributing federal political committee. C                                                                                       |  |                                                      | Amount of Each Receipt this Period<br>30.00<br><input type="checkbox"/> Memo Item                   |  |                |
| Name of Employer (for Individual)<br>ACP Queens Long Island Medical Group-L                                                                        |  | Occupation (for Individual)<br>Care Team Associate I |                                                                                                     |  |                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | Aggregate Year-to-Date ▼<br>330.00                   |                                                                                                     |  |                |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Perry, Jelesaa, , ,</b>                                   |  |                                                      |                                                                                                     |  |                |
| Mailing Address 202 -16 104 Ave                                                                                                                    |  |                                                      |                                                                                                     |  |                |
| City Queens                                                                                                                                        |  | State NY                                             | Zip Code 11412                                                                                      |  |                |
| FEC ID number of contributing federal political committee. C                                                                                       |  |                                                      | Amount of Each Receipt this Period<br>30.00<br><input type="checkbox"/> Memo Item                   |  |                |
| Name of Employer (for Individual)<br>ACP Queens Long Island Medical Group-L                                                                        |  | Occupation (for Individual)<br>Care Team Associate I |                                                                                                     |  |                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      |  | Aggregate Year-to-Date ▼<br>330.00                   |                                                                                                     |  |                |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>SUBTOTAL of Receipts This Page (optional).....</b>           |  |                                                      |                                                                                                     |  |                |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>TOTAL This Period (last page this line number only).....</b> |  |                                                      |                                                                                                     |  |                |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2109 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Perryman, William, , ,</b>             |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 07 / 2025<br><b>Transaction ID : 9881529</b> |
| Mailing Address 4636 N Congress Ave<br>Apt I204                                                                                 |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>West Palm Beach                                                                                                         | State<br>FL | Zip Code<br>33407-3375                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                             |             | Occupation (for Individual)<br>Mental Health Technician IPF                                         |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Perryman, William, , ,</b>             |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 18 / 2025<br><b>Transaction ID : 9881530</b> |
| Mailing Address 4636 N Congress Ave<br>Apt I204                                                                                 |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>West Palm Beach                                                                                                         | State<br>FL | Zip Code<br>33407-3375                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                             |             | Occupation (for Individual)<br>Mental Health Technician IPF                                         |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Perryman, William, , ,</b>             |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 26 / 2025<br><b>Transaction ID : 9874662</b> |
| Mailing Address 4636 N Congress Ave<br>Apt I204                                                                                 |             | Amount of Each Receipt this Period<br>10.00                                                         |
| City<br>West Palm Beach                                                                                                         | State<br>FL | Zip Code<br>33407-3375                                                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | <input type="checkbox"/> Memo Item                                                                  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                             |             | Occupation (for Individual)<br>Mental Health Technician IPF                                         |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>230.00                                                                  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 30.00                                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2110 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perryman, William, , ,**Mailing Address 4636 N Congress Ave  
Apt I204City  
West Palm BeachState  
FLZip Code  
33407-3375FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9881526

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perryman, William, , ,**Mailing Address 4636 N Congress Ave  
Apt I204City  
West Palm BeachState  
FLZip Code  
33407-3375FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874664

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perryman, William, , ,**Mailing Address 4636 N Congress Ave  
Apt I204City  
West Palm BeachState  
FLZip Code  
33407-3375FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Technician IPF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881528

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2111 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                             |                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Perryman, William, , ,</b>             |             |                                                             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 21 / 2025</b><br><b>Transaction ID : 9874663</b> |  |
| Mailing Address 4636 N Congress Ave<br>Apt I204                                                                                 |             |                                                             |                                                                                                            |  |
| City<br>West Palm Beach                                                                                                         | State<br>FL | Zip Code<br>33407-3375                                      |                                                                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                             | Amount of Each Receipt this Period<br>10.00                                                                |  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                             |             | Occupation (for Individual)<br>Mental Health Technician IPF | <input type="checkbox"/> Memo Item                                                                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                          |                                                                                                            |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Perryman, William, , ,</b>             |             |                                                             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 21 / 2025</b><br><b>Transaction ID : 9881527</b> |  |
| Mailing Address 4636 N Congress Ave<br>Apt I204                                                                                 |             |                                                             |                                                                                                            |  |
| City<br>West Palm Beach                                                                                                         | State<br>FL | Zip Code<br>33407-3375                                      |                                                                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                             | Amount of Each Receipt this Period<br>10.00                                                                |  |
| Name of Employer (for Individual)<br>HCA Florida JFK North Hospital                                                             |             | Occupation (for Individual)<br>Mental Health Technician IPF | <input type="checkbox"/> Memo Item                                                                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                          |                                                                                                            |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Persing, Kayla, , ,</b>                |             |                                                             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br><b>07 / 14 / 2025</b><br><b>Transaction ID : 9877507</b> |  |
| Mailing Address 232 Gower St                                                                                                    |             |                                                             |                                                                                                            |  |
| City<br>Staten Island                                                                                                           | State<br>NY | Zip Code<br>10314-5312                                      |                                                                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                             | Amount of Each Receipt this Period<br>20.00                                                                |  |
| Name of Employer (for Individual)<br>Staten Island University Hospital-Nort                                                     |             | Occupation (for Individual)<br>Practice Medical Assistant   | <input type="checkbox"/> Memo Item                                                                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                          |                                                                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                             | 40.00                                                                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                             |                                                                                                            |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2112 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                    |  |                                                           |                                                                                                 |  |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Persing, Kayla, , ,</b>                                   |  |                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 18 / 2025<br><b>Transaction ID : 9877508</b> |  |                     |
| Mailing Address 232 Gower St                                                                                                                       |  |                                                           | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item               |  |                     |
| City Staten Island                                                                                                                                 |  | State NY                                                  |                                                                                                 |  | Zip Code 10314-5312 |
| FEC ID number of contributing federal political committee. C                                                                                       |  |                                                           |                                                                                                 |  |                     |
| Name of Employer (for Individual)<br>Staten Island University Hospital-Nort                                                                        |  | Occupation (for Individual)<br>Practice Medical Assistant |                                                                                                 |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | Aggregate Year-to-Date ▼<br>240.00                        |                                                                                                 |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Persing, Kayla, , ,</b>                                   |  |                                                           |                                                                                                 |  |                     |
| Mailing Address 232 Gower St                                                                                                                       |  |                                                           |                                                                                                 |  |                     |
| City Staten Island                                                                                                                                 |  | State NY                                                  | Zip Code 10314-5312                                                                             |  |                     |
| FEC ID number of contributing federal political committee. C                                                                                       |  |                                                           | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item               |  |                     |
| Name of Employer (for Individual)<br>Staten Island University Hospital-Nort                                                                        |  | Occupation (for Individual)<br>Practice Medical Assistant |                                                                                                 |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | Aggregate Year-to-Date ▼<br>240.00                        |                                                                                                 |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Persing, Kayla, , ,</b>                                   |  |                                                           |                                                                                                 |  |                     |
| Mailing Address 232 Gower St                                                                                                                       |  |                                                           |                                                                                                 |  |                     |
| City Staten Island                                                                                                                                 |  | State NY                                                  | Zip Code 10314-5312                                                                             |  |                     |
| FEC ID number of contributing federal political committee. C                                                                                       |  |                                                           | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item               |  |                     |
| Name of Employer (for Individual)<br>Staten Island University Hospital-Nort                                                                        |  | Occupation (for Individual)<br>Practice Medical Assistant |                                                                                                 |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      |  | Aggregate Year-to-Date ▼<br>240.00                        |                                                                                                 |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>SUBTOTAL of Receipts This Page (optional).....</b>           |  |                                                           |                                                                                                 |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>TOTAL This Period (last page this line number only).....</b> |  |                                                           |                                                                                                 |  |                     |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2113 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Persing, Kayla, , ,**

Mailing Address 232 Gower St

City  
Staten IslandState  
NYZip Code  
10314-5312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Practice Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873594

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Persing, Kayla, , ,**

Mailing Address 232 Gower St

City  
Staten IslandState  
NYZip Code  
10314-5312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Practice Medical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877506

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Peters, Charles, , ,**Mailing Address 95 Old Broadway  
Apt 19LCity  
New YorkState  
NYZip Code  
10027-7920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
LABORATORY ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9876138

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2114 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Peters, Charles, , ,**Mailing Address 95 Old Broadway  
Apt 19LCity  
New YorkState  
NYZip Code  
10027-7920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
LABORATORY ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9877185

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Peters, Charles, , ,**Mailing Address 95 Old Broadway  
Apt 19LCity  
New YorkState  
NYZip Code  
10027-7920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
LABORATORY ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9876139

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Petion Telford, Marie Lourdes, , ,**

Mailing Address 1301 NE 161st St

City  
North Miami BeachState  
FLZip Code  
33162-4614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9873982

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2115 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petion Telford, Marie Lourdes, , ,**

Mailing Address 1301 NE 161st St

City

North Miami Beach

State

FL

Zip Code

33162-4614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Claridge House Nursing &amp; Rehab Center

Occupation (for Individual)

Housekeeping

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882153

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petion Telford, Marie Lourdes, , ,**

Mailing Address 1301 NE 161st St

City

North Miami Beach

State

FL

Zip Code

33162-4614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Claridge House Nursing &amp; Rehab Center

Occupation (for Individual)

Housekeeping

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873984

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Petion Telford, Marie Lourdes, , ,**

Mailing Address 1301 NE 161st St

City

North Miami Beach

State

FL

Zip Code

33162-4614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Claridge House Nursing &amp; Rehab Center

Occupation (for Individual)

Housekeeping

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882155

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2116 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petion Telford, Marie Lourdes, , ,**

Mailing Address 1301 NE 161st St

City  
North Miami BeachState  
FLZip Code  
33162-4614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9873983

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petion Telford, Marie Lourdes, , ,**

Mailing Address 1301 NE 161st St

City  
North Miami BeachState  
FLZip Code  
33162-4614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Claridge House Nursing & Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882154

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Petit Homme, Wislaine, , ,**

Mailing Address 13415 166th Pl

City  
JamaicaState  
NYZip Code  
11434-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873858

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2117 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petit Homme, Wislaine, , ,**

Mailing Address 13415 166th Pl

City  
Jamaica

State  
NY

Zip Code  
11434-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 29 / 2025

**Transaction ID : 9879664**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petit Homme, Wislaine, , ,**

Mailing Address 13415 166th Pl

City  
Jamaica

State  
NY

Zip Code  
11434-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 30 / 2025

**Transaction ID : 9873856**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Petit Homme, Wislaine, , ,**

Mailing Address 13415 166th Pl

City  
Jamaica

State  
NY

Zip Code  
11434-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 30 / 2025

**Transaction ID : 9879662**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2118 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petit Homme, Wislaine, , ,**

Mailing Address 13415 166th Pl

City  
JamaicaState  
NYZip Code  
11434-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873857

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petit Homme, Wislaine, , ,**

Mailing Address 13415 166th Pl

City  
JamaicaState  
NYZip Code  
11434-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879663

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phalante, Marie, , ,**Mailing Address 506 Beach 22Nd St  
FI 2City  
Far RockawayState  
NYZip Code  
11691-2632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Nursing and Rehab Center of FaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880051

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2119 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phalante, Marie, , ,**Mailing Address 506 Beach 22Nd St  
FI 2City  
Far RockawayState  
NYZip Code  
11691-2632FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Premier Nursing and Rehab Center of FaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880053

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phalante, Marie, , ,**Mailing Address 506 Beach 22Nd St  
FI 2City  
Far RockawayState  
NYZip Code  
11691-2632FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Premier Nursing and Rehab Center of FaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880052

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phalante, Marie, , ,**Mailing Address 506 Beach 22Nd St  
FI 2City  
Far RockawayState  
NYZip Code  
11691-2632FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Premier Nursing and Rehab Center of FaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873486

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2120 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phalante, Marie, , ,**

Mailing Address 506 Beach 22Nd St  
 FL 2

City  
 Far Rockaway

State  
 NY

Zip Code  
 11691-2632

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Premier Nursing and Rehab Center of Fa

Occupation (for Individual)  
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2025

**Transaction ID : 9880050**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pham, My, , ,**

Mailing Address 128 Audley St  
 Null

City  
 Richmond Hill

State  
 NY

Zip Code  
 11418-1005

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 New York Presbyterian-Queens (RN)

Occupation (for Individual)  
 REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2025

**Transaction ID : 9879536**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pham, My, , ,**

Mailing Address 128 Audley St  
 Null

City  
 Richmond Hill

State  
 NY

Zip Code  
 11418-1005

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 New York Presbyterian-Queens (RN)

Occupation (for Individual)  
 REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2025

**Transaction ID : 9879537**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2121 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Pham, My, , ,</b></p> <p>Mailing Address 128 Audley St<br/>Null</p> <p>City Richmond Hill State NY Zip Code 11418-1005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) New York Presbyterian-Queens (RN) Occupation (for Individual) REGISTER</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>240.00</p> |  |  | <p>Date of Receipt<br/>M M M / D D D / Y Y Y Y Y Y<br/>10 / 22 / 2025</p> <p><b>Transaction ID : 9874292</b></p> <p>Amount of Each Receipt this Period<br/>20.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Pham, My, , ,</b></p> <p>Mailing Address 128 Audley St<br/>Null</p> <p>City Richmond Hill State NY Zip Code 11418-1005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) New York Presbyterian-Queens (RN) Occupation (for Individual) REGISTER</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>240.00</p> |  |  | <p>Date of Receipt<br/>M M M / D D D / Y Y Y Y Y Y<br/>10 / 22 / 2025</p> <p><b>Transaction ID : 9879534</b></p> <p>Amount of Each Receipt this Period<br/>20.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Pham, My, , ,</b></p> <p>Mailing Address 128 Audley St<br/>Null</p> <p>City Richmond Hill State NY Zip Code 11418-1005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) New York Presbyterian-Queens (RN) Occupation (for Individual) REGISTER</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼<br/>240.00</p>   |  |  | <p>Date of Receipt<br/>M M M / D D D / Y Y Y Y Y Y<br/>12 / 05 / 2025</p> <p><b>Transaction ID : 9874293</b></p> <p>Amount of Each Receipt this Period<br/>20.00</p> <p><input type="checkbox"/> Memo Item</p> |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <p>60.00</p>                                                                                                                                                                                                   |  |
| <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                                                |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2122 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pham, My, , ,**

Mailing Address 128 Audley St

Null

City

Richmond Hill

State

NY

Zip Code

11418-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

Transaction ID : 9879535

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pham, Vy, , ,**

Mailing Address 411 W 44th St

Apt 10

City

New York

State

NY

Zip Code

10036-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technician 1

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 01    |   | 2025        |

Transaction ID : 9877272

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pham, Vy, , ,**

Mailing Address 411 W 44th St

Apt 10

City

New York

State

NY

Zip Code

10036-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation-144

Occupation (for Individual)

Clinical Lab Technician 1

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 26    |   | 2025        |

Transaction ID : 9874187

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2123 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pham, Vy, , ,**Mailing Address 411 W 44th St  
Apt 10City  
New YorkState  
NYZip Code  
10036-4417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technician 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9877270

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pham, Vy, , ,**Mailing Address 411 W 44th St  
Apt 10City  
New YorkState  
NYZip Code  
10036-4417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technician 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874188

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pham, Vy, , ,**Mailing Address 411 W 44th St  
Apt 10City  
New YorkState  
NYZip Code  
10036-4417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical Lab Technician 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9877271

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2124 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
PoughkeepsieState  
NYZip Code  
12601-2958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880556

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
PoughkeepsieState  
NYZip Code  
12601-2958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873739

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
PoughkeepsieState  
NYZip Code  
12601-2958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880550

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2125 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City

Poughkeepsie

State

NY

Zip Code

12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance of The Hudson Valley,

Occupation (for Individual)

STATIONARY ENGINEER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2025        |

Transaction ID : 9873740

Amount of Each Receipt this Period

9.24

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City

Poughkeepsie

State

NY

Zip Code

12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance of The Hudson Valley,

Occupation (for Individual)

STATIONARY ENGINEER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2025        |

Transaction ID : 9880551

Amount of Each Receipt this Period

9.24

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City

Poughkeepsie

State

NY

Zip Code

12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance of The Hudson Valley,

Occupation (for Individual)

STATIONARY ENGINEER

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2025        |

Transaction ID : 9873742

Amount of Each Receipt this Period

9.24

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

27.72

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2126 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

11 / 14 / 2025

Transaction ID : 9880553

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 01 / 2025

Transaction ID : 9873741

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 01 / 2025

Transaction ID : 9880552

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2127 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9873744**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9880555**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 29 / 2025

**Transaction ID : 9873743**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2128 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dale, , ,**

Mailing Address 11 Hudson Heights Dr

City  
Poughkeepsie

State  
NY

Zip Code  
12601-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
STATIONARY ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9880554**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillip, Dianne, , ,**

Mailing Address 1239 Stjohns Pl  
Apt 4

City  
Brooklyn

State  
NY

Zip Code  
11213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Business Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9878909**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phillip, Dianne, , ,**

Mailing Address 1239 Stjohns Pl  
Apt 4

City  
Brooklyn

State  
NY

Zip Code  
11213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Business Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9878910**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

49.24



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2129 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dianne, , ,**Mailing Address 1239 Stjohns Pl  
Apt 4City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878911

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillip, Dianne, , ,**Mailing Address 1239 Stjohns Pl  
Apt 4City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878912

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phillip, Dianne, , ,**Mailing Address 1239 Stjohns Pl  
Apt 4City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876043

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2130 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillip, Dianne, , ,**Mailing Address 1239 Stjohns Pl  
Apt 4City  
BrooklynState  
NYZip Code  
11213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Business Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878908

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pickersgill, Ann-Marie, , ,**

Mailing Address 11640 220th St

City  
Cambria HeightsState  
NYZip Code  
11411-1607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
PATIENT COMPANION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9879377

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pickersgill, Ann-Marie, , ,**

Mailing Address 11640 220th St

City  
Cambria HeightsState  
NYZip Code  
11411-1607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
PATIENT COMPANION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875610

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2131 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pickersgill, Ann-Marie, , ,**

Mailing Address 11640 220th St

City  
Cambria Heights

State  
NY

Zip Code  
11411-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT COMPANION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 06 / 2025

**Transaction ID : 9879375**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pickersgill, Ann-Marie, , ,**

Mailing Address 11640 220th St

City  
Cambria Heights

State  
NY

Zip Code  
11411-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT COMPANION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9875611**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pickersgill, Ann-Marie, , ,**

Mailing Address 11640 220th St

City  
Cambria Heights

State  
NY

Zip Code  
11411-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical Center

Occupation (for Individual)  
PATIENT COMPANION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9879376**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2132 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierce, Tamara, , ,**

Mailing Address 91 Mother Gaston Blvd

City  
BrooklynState  
NYZip Code  
11233-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9882598

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierce, Tamara, , ,**

Mailing Address 91 Mother Gaston Blvd

City  
BrooklynState  
NYZip Code  
11233-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9882599

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierce, Tamara, , ,**

Mailing Address 91 Mother Gaston Blvd

City  
BrooklynState  
NYZip Code  
11233-2810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874628

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2133 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierce, Tamara, , ,**

Mailing Address 91 Mother Gaston Blvd

City  
Brooklyn

State  
NY

Zip Code  
11233-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9882596**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierce, Tamara, , ,**

Mailing Address 91 Mother Gaston Blvd

City  
Brooklyn

State  
NY

Zip Code  
11233-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874629**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierce, Tamara, , ,**

Mailing Address 91 Mother Gaston Blvd

City  
Brooklyn

State  
NY

Zip Code  
11233-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills

Occupation (for Individual)  
Transporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9882597**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2134 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Andy, , ,**

Mailing Address 152 Vineyard Ave  
Apt C

City  
Highland

State  
NY

Zip Code  
12528-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers Hospital

Occupation (for Individual)  
ER Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
07 / 09 / 2025

Transaction ID : 9880464

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Andy, , ,**

Mailing Address 152 Vineyard Ave  
Apt C

City  
Highland

State  
NY

Zip Code  
12528-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers Hospital

Occupation (for Individual)  
ER Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 12 / 2025

Transaction ID : 9880465

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Andy, , ,**

Mailing Address 152 Vineyard Ave  
Apt C

City  
Highland

State  
NY

Zip Code  
12528-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers Hospital

Occupation (for Individual)  
ER Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2025

Transaction ID : 9875771

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2135 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Andy, , ,**Mailing Address 152 Vineyard Ave  
Apt CCity  
HighlandState  
NYZip Code  
12528-2337FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
ER Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880462

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Andy, , ,**Mailing Address 152 Vineyard Ave  
Apt CCity  
HighlandState  
NYZip Code  
12528-2337FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
ER Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875772

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Andy, , ,**Mailing Address 152 Vineyard Ave  
Apt CCity  
HighlandState  
NYZip Code  
12528-2337FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vassar Brothers HospitalOccupation (for Individual)  
ER Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9880463

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2136 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
ElmontState  
NYZip Code  
11003-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878588

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
ElmontState  
NYZip Code  
11003-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9876462

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
ElmontState  
NYZip Code  
11003-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9878565

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.48



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2137 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
Elmont

State  
NY

Zip Code  
11003-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

07 / 31 / 2025

**Transaction ID : 9878589**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
Elmont

State  
NY

Zip Code  
11003-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

08 / 20 / 2025

**Transaction ID : 9878567**

Amount of Each Receipt this Period

11.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
Elmont

State  
NY

Zip Code  
11003-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.67

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9878568**

Amount of Each Receipt this Period

11.55

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

33.10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2138 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
ElmontState  
NYZip Code  
11003-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9876463

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
ElmontState  
NYZip Code  
11003-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : 9878566

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
ElmontState  
NYZip Code  
11003-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing atOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878569

Amount of Each Receipt this Period

11.55

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2139 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
Elmont

State  
NY

Zip Code  
11003-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9873479**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Evelyne, , ,**

Mailing Address 1372 Malta St

City  
Elmont

State  
NY

Zip Code  
11003-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Grand Rehabilitation & Nursing at

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9878587**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Ghislaine, , ,**

Mailing Address 1655 Flatbush Ave  
Apt B1701

City  
Brooklyn

State  
NY

Zip Code  
11210-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882560**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2140 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Ghislaine, , ,**Mailing Address 1655 Flatbush Ave  
Apt B1701City  
BrooklynState  
NYZip Code  
11210-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882561

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Ghislaine, , ,**Mailing Address 1655 Flatbush Ave  
Apt B1701City  
BrooklynState  
NYZip Code  
11210-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875399

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Ghislaine, , ,**Mailing Address 1655 Flatbush Ave  
Apt B1701City  
BrooklynState  
NYZip Code  
11210-3287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882558

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2141 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Ghislaine, , ,**

Mailing Address 1655 Flatbush Ave  
Apt B1701

City  
Brooklyn

State  
NY

Zip Code  
11210-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9875400**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Ghislaine, , ,**

Mailing Address 1655 Flatbush Ave  
Apt B1701

City  
Brooklyn

State  
NY

Zip Code  
11210-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9882559**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Lesly, , ,**

Mailing Address 37 Fremont Rd

City  
Valley Stream

State  
NY

Zip Code  
11581-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

**Transaction ID : 9873878**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2142 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Lesly, , ,**

Mailing Address 37 Fremont Rd

City  
Valley StreamState  
NYZip Code  
11581-2106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9879953

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Lesly, , ,**

Mailing Address 37 Fremont Rd

City  
Valley StreamState  
NYZip Code  
11581-2106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873876

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Lesly, , ,**

Mailing Address 37 Fremont Rd

City  
Valley StreamState  
NYZip Code  
11581-2106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879951

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2143 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Lesly, , ,**

Mailing Address 37 Fremont Rd

City  
Valley Stream

State  
NY

Zip Code  
11581-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 05 / 2025

Transaction ID : 9873877

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Lesly, , ,**

Mailing Address 37 Fremont Rd

City  
Valley Stream

State  
NY

Zip Code  
11581-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 05 / 2025

Transaction ID : 9879952

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Marietta, , ,**

Mailing Address 13655 NE 3rd Ct  
Apt 23

City  
North Miami

State  
FL

Zip Code  
33161-3673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sierra Lakes Nursing & Rehabilitation

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 21 / 2025

Transaction ID : 9873675

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2144 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Marietta, , ,**Mailing Address 13655 NE 3rd Ct  
Apt 23City  
North MiamiState  
FLZip Code  
33161-3673FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sierra Lakes Nursing & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 9881178

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Marietta, , ,**Mailing Address 13655 NE 3rd Ct  
Apt 23City  
North MiamiState  
FLZip Code  
33161-3673FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sierra Lakes Nursing & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9873674

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Marietta, , ,**Mailing Address 13655 NE 3rd Ct  
Apt 23City  
North MiamiState  
FLZip Code  
33161-3673FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sierra Lakes Nursing & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9881177

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2145 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Marietta, , ,**Mailing Address 13655 NE 3rd Ct  
Apt 23City  
North MiamiState  
FLZip Code  
33161-3673FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sierra Lakes Nursing & RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873676

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Nadge, , ,**

Mailing Address 4567 Express Dr N

City  
RonkonkomaState  
NYZip Code  
11779-5583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880288

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Nadge, , ,**

Mailing Address 4567 Express Dr N

City  
RonkonkomaState  
NYZip Code  
11779-5583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880289

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2146 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Nadge, , ,**

Mailing Address 4567 Express Dr N

City  
RonkonkomaState  
NYZip Code  
11779-5583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874099

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pierre, Nadge, , ,**

Mailing Address 4567 Express Dr N

City  
RonkonkomaState  
NYZip Code  
11779-5583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880286

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierre, Nadge, , ,**

Mailing Address 4567 Express Dr N

City  
RonkonkomaState  
NYZip Code  
11779-5583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874100

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2147 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pierre, Nadge, , ,**

Mailing Address 4567 Express Dr N

City  
RonkonkomaState  
NYZip Code  
11779-5583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880287

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878867

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878842

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2148 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878868

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9878843

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878841

Amount of Each Receipt this Period

12.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2149 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878844

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876115

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878865

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2150 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876116

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pina, Connie, , ,**Mailing Address 362 Sutter Ave  
Apt 3BCity  
BrooklynState  
NYZip Code  
11212-7558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878866

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879378

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2151 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9879379

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9879380

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9879381

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2152 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2025        |

**Transaction ID : 9874560**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2025        |

**Transaction ID : 9879384**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 03    |   | 2025        |

**Transaction ID : 9879382**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2153 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pinnock, Basil, , ,

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 17    |   | 2025        |

Transaction ID : 9874561

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pinnock, Basil, , ,

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 17    |   | 2025        |

Transaction ID : 9879385

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pinnock, Basil, , ,

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 28    |   | 2025        |

Transaction ID : 9879383

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2154 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874562

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pinnock, Basil, , ,**

Mailing Address 11639 219th St

City  
Cambria HeightsState  
NYZip Code  
11411-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Lab Technologist (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879386

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pitt, Vesta, , ,**Mailing Address 17 Vandalia Ave  
Apt 2DCity  
BrooklynState  
NYZip Code  
11239-1017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882627

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2155 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pitt, Vesta, , ,**Mailing Address 17 Vandalia Ave  
Apt 2DCity  
BrooklynState  
NYZip Code  
11239-1017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882628

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pitt, Vesta, , ,**Mailing Address 17 Vandalia Ave  
Apt 2DCity  
BrooklynState  
NYZip Code  
11239-1017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875401

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pitt, Vesta, , ,**Mailing Address 17 Vandalia Ave  
Apt 2DCity  
BrooklynState  
NYZip Code  
11239-1017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882625

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2156 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pitt, Vesta, , ,**Mailing Address 17 Vandalia Ave  
Apt 2DCity  
BrooklynState  
NYZip Code  
11239-1017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875402

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pitt, Vesta, , ,**Mailing Address 17 Vandalia Ave  
Apt 2DCity  
BrooklynState  
NYZip Code  
11239-1017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882626

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pitter, Owen, , ,**

Mailing Address 231 -47 233RD St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9879561

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2157 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pitter, Owen, , ,**

Mailing Address 231 -47 233RD St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875647

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pitter, Owen, , ,**

Mailing Address 231 -47 233RD St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9879559

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pitter, Owen, , ,**

Mailing Address 231 -47 233RD St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875648

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2158 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pitter, Owen, , ,**

Mailing Address 231 -47 233RD St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
Behavioral Health Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879560

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874889

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881641

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2159 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Plummer, Lorna, , ,

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 25    |   | 2025        |

Transaction ID : 9874890

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plummer, Lorna, , ,

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 25    |   | 2025        |

Transaction ID : 9881642

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Plummer, Lorna, , ,

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9874892

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2160 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881644

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874891

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9881643

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2161 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874893

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Plummer, Lorna, , ,**

Mailing Address 1310 Center St

City  
UnionState  
NJZip Code  
07083-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9881645

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Polanco, Ariammy, , ,**Mailing Address 60 Norwood Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10304-3726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876237

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2162 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polanco, Ariammy, , ,**Mailing Address 60 Norwood Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10304-3726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876238

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Polanco, Ariammy, , ,**Mailing Address 60 Norwood Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10304-3726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876239

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Polanco, Ariammy, , ,**Mailing Address 60 Norwood Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10304-3726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876240

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2163 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polanco, Ariammy, , ,**Mailing Address 60 Norwood Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10304-3726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876241

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Polanco, Ariammy, , ,**Mailing Address 60 Norwood Ave  
Apt 1City  
Staten IslandState  
NYZip Code  
10304-3726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876242

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poliivets, Yuliya, , ,**Mailing Address 2008 Ocean Ave  
Apt PH2City  
BrooklynState  
NYZip Code  
11230-7415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879065

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2164 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poliivets, Yuliya, , ,**Mailing Address 2008 Ocean Ave  
Apt PH2City  
BrooklynState  
NYZip Code  
11230-7415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879066

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poliivets, Yuliya, , ,**Mailing Address 2008 Ocean Ave  
Apt PH2City  
BrooklynState  
NYZip Code  
11230-7415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875640

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poliivets, Yuliya, , ,**Mailing Address 2008 Ocean Ave  
Apt PH2City  
BrooklynState  
NYZip Code  
11230-7415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879063

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2165 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poliivets, Yuliya, , ,**Mailing Address 2008 Ocean Ave  
Apt PH2City  
BrooklynState  
NYZip Code  
11230-7415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875641

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poliivets, Yuliya, , ,**Mailing Address 2008 Ocean Ave  
Apt PH2City  
BrooklynState  
NYZip Code  
11230-7415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879064

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Polite, Christine, , ,**

Mailing Address 308 Monroe Dr

City  
Mastic BeachState  
NYZip Code  
11951-2507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
Sitters

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880330

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2166 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polite, Christine, , ,**

Mailing Address 308 Monroe Dr

City  
Mastic Beach

State  
NY

Zip Code  
11951-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Sitters

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9880331

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Polite, Christine, , ,**

Mailing Address 308 Monroe Dr

City  
Mastic Beach

State  
NY

Zip Code  
11951-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Sitters

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9875566

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Polite, Christine, , ,**

Mailing Address 308 Monroe Dr

City  
Mastic Beach

State  
NY

Zip Code  
11951-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Sitters

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9880328

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2167 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polite, Christine, , ,**

Mailing Address 308 Monroe Dr

City  
Mastic Beach

State  
NY

Zip Code  
11951-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Sitters

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9875567**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Polite, Christine, , ,**

Mailing Address 308 Monroe Dr

City  
Mastic Beach

State  
NY

Zip Code  
11951-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Sitters

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9880329**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten Island

State  
NY

Zip Code  
10305-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 17 / 2025

**Transaction ID : 9877441**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2168 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten IslandState  
NYZip Code  
10305-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874912

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten IslandState  
NYZip Code  
10305-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9877437

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten IslandState  
NYZip Code  
10305-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874913

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2169 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten IslandState  
NYZip Code  
10305-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877438

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten IslandState  
NYZip Code  
10305-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874914

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten IslandState  
NYZip Code  
10305-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9877439

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2170 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten Island

State  
NY

Zip Code  
10305-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 05 / 2025

**Transaction ID : 9874915**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ponomarenko, Nina, , ,**

Mailing Address 169 Cedar Ave

City  
Staten Island

State  
NY

Zip Code  
10305-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 05 / 2025

**Transaction ID : 9877440**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring Hill

State  
FL

Zip Code  
34606-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring Hill

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 10 / 2025

**Transaction ID : 9882392**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2171 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9882391

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9882390

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875949

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2172 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9882386

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9875950

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9882387

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2173 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring Hill

State  
FL

Zip Code  
34606-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring Hill

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9875951**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring Hill

State  
FL

Zip Code  
34606-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring Hill

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9875952**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring Hill

State  
FL

Zip Code  
34606-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring Hill

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9882388**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2174 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poppke, Ruth, , ,**

Mailing Address 3281 Painters St

City  
Spring HillState  
FLZip Code  
34606-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at Spring HillOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9882389

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Por, Solida, , ,**Mailing Address 782 Pelham Pkwy S  
Apt 25City  
BronxState  
NYZip Code  
10462-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881220

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Por, Solida, , ,**Mailing Address 782 Pelham Pkwy S  
Apt 25City  
BronxState  
NYZip Code  
10462-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881221

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2175 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Por, Solida, , ,**Mailing Address 782 Pelham Pkwy S  
Apt 25City  
BronxState  
NYZip Code  
10462-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876267

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Por, Solida, , ,**Mailing Address 782 Pelham Pkwy S  
Apt 25City  
BronxState  
NYZip Code  
10462-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881217

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Por, Solida, , ,**Mailing Address 782 Pelham Pkwy S  
Apt 25City  
BronxState  
NYZip Code  
10462-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876268

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2176 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                          |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Por, Solida, , ,</b>                   |             |                                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2025<br><b>Transaction ID : 9881219</b> |  |
| Mailing Address 782 Pelham Pkwy S<br>Apt 25                                                                                     |             |                                                          |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10462-1142                                   |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>Licsensed Practical Nurse | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                       |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Porfidia, Domenick, , ,</b>            |             |                                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 02 / 2025<br><b>Transaction ID : 987728</b>  |  |
| Mailing Address 1165 Crosby Ave<br># 1                                                                                          |             |                                                          |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10461-6127                                   |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                          | Amount of Each Receipt this Period<br>30.00                                                         |  |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                               |             | Occupation (for Individual)<br>Cook                      | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>230.00                       |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Porfidia, Domenick, , ,</b>            |             |                                                          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 04 / 2025<br><b>Transaction ID : 987729</b>  |  |
| Mailing Address 1165 Crosby Ave<br># 1                                                                                          |             |                                                          |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10461-6127                                   |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                          | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Providence Rest Nursing Home                                                               |             | Occupation (for Individual)<br>Cook                      | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>230.00                       |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                          | 70.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                          |                                                                                                     |  |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2177 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Porfidia, Domenick, , ,**Mailing Address 1165 Crosby Ave  
# 1City  
BronxState  
NYZip Code  
10461-6127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877730

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Porfidia, Domenick, , ,**Mailing Address 1165 Crosby Ave  
# 1City  
BronxState  
NYZip Code  
10461-6127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9877731

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Porfidia, Domenick, , ,**Mailing Address 1165 Crosby Ave  
# 1City  
BronxState  
NYZip Code  
10461-6127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875098

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2178 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Porfidia, Domenick, , ,**Mailing Address 1165 Crosby Ave  
# 1City  
BronxState  
NYZip Code  
10461-6127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877727

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Porras, Jonathan, , ,**Mailing Address 149 E Fulton St  
Null

City

Long Beach

State  
NYZip Code  
11561-2270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9876472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Porras, Jonathan, , ,**Mailing Address 149 E Fulton St  
Null

City

Long Beach

State  
NYZip Code  
11561-2270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879869

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2179 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Porras, Jonathan, , ,**Mailing Address 149 E Fulton St  
NullCity  
Long BeachState  
NYZip Code  
11561-2270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876473

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Porras, Jonathan, , ,**Mailing Address 149 E Fulton St  
NullCity  
Long BeachState  
NYZip Code  
11561-2270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9879870

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Powell, Brian, , ,**

Mailing Address 10981 200th St

City  
Saint AlbansState  
NYZip Code  
11412-1233FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879438

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2180 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Powell, Brian, , ,**

Mailing Address 10981 200th St

City  
Saint Albans

State  
NY

Zip Code  
11412-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9879439

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Powell, Brian, , ,**

Mailing Address 10981 200th St

City  
Saint Albans

State  
NY

Zip Code  
11412-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9876308

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Powell, Brian, , ,**

Mailing Address 10981 200th St

City  
Saint Albans

State  
NY

Zip Code  
11412-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9879436

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2181 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                            |                                                                                                     |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Powell, Brian, , ,</b>                 |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2025<br><b>Transaction ID : 9876309</b> |  |                     |
| Mailing Address 10981 200th St                                                                                                  |  |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| City Saint Albans                                                                                                               |  | State NY                                                   |                                                                                                     |  | Zip Code 11412-1233 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Lenox Hill Hospital                                                                        |  | Occupation (for Individual)<br>Housekeeper                 |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Powell, Brian, , ,</b>                 |  |                                                            |                                                                                                     |  |                     |
| Mailing Address 10981 200th St                                                                                                  |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2025<br><b>Transaction ID : 9879437</b> |  |                     |
| City Saint Albans                                                                                                               |  | State NY                                                   | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Lenox Hill Hospital                                                                        |  | Occupation (for Individual)<br>Housekeeper                 |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Powell, Georgeanna, , ,</b>            |  |                                                            |                                                                                                     |  |                     |
| Mailing Address 1825 56th Pl S<br>Apt C                                                                                         |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 02 / 2025<br><b>Transaction ID : 9876387</b> |  |                     |
| City St Petersburg                                                                                                              |  | State FL                                                   | Amount of Each Receipt this Period<br>40.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>North Rehab Center                                                                         |  | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>340.00                         |                                                                                                     |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                           |  |                                                            | 80.00                                                                                               |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                 |  |                                                            |                                                                                                     |  |                     |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2182 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Powell, Georgeanna, , ,**

Mailing Address 1825 56th Pl S  
Apt C

City  
St Petersburg

State  
FL

Zip Code  
33712-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

07 / 15 / 2025

Transaction ID : 9876386

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Powell, Georgeanna, , ,**

Mailing Address 1825 56th Pl S  
Apt C

City  
St Petersburg

State  
FL

Zip Code  
33712-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 11 / 2025

Transaction ID : 9876388

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prado, Nicholis, , ,**

Mailing Address 806 E 169th St  
# 1

City  
Bronx

State  
NY

Zip Code  
10459-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & Heal

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

07 / 29 / 2025

Transaction ID : 9873647

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2183 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prado, Nicholis, , ,**Mailing Address 806 E 169th St  
# 1City  
BronxState  
NYZip Code  
10459-1707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9873648

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882374

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9882375

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2184 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9882373

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9875813

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9882370

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2185 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh Acres

State  
FL

Zip Code  
33971-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9875815**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh Acres

State  
FL

Zip Code  
33971-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9882372**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh Acres

State  
FL

Zip Code  
33971-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort Myers

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

**Transaction ID : 9875814**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2186 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Predelus, Marie, , ,**

Mailing Address 4009 13th St W

City  
Lehigh AcresState  
FLZip Code  
33971-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata North Fort MyersOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9882371

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Previti, Lia, , ,**

Mailing Address 2224 Mt Hope Rd

City  
MiddletownState  
NYZip Code  
10940-7390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878456

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Previti, Lia, , ,**

Mailing Address 2224 Mt Hope Rd

City  
MiddletownState  
NYZip Code  
10940-7390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878455

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2187 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Previti, Lia, , ,**

Mailing Address 2224 Mt Hope Rd

City  
Middletown

State  
NY

Zip Code  
10940-7390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**09 / 23 / 2025**

**Transaction ID : 9878457**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Previti, Lia, , ,**

Mailing Address 2224 Mt Hope Rd

City  
Middletown

State  
NY

Zip Code  
10940-7390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**11 / 05 / 2025**

**Transaction ID : 9878458**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Previti, Lia, , ,**

Mailing Address 2224 Mt Hope Rd

City  
Middletown

State  
NY

Zip Code  
10940-7390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**12 / 03 / 2025**

**Transaction ID : 9874166**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2188 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Previti, Lia, , ,**

Mailing Address 2224 Mt Hope Rd

City  
Middletown

State  
NY

Zip Code  
10940-7390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9878454**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prince, Deanne, , ,**

Mailing Address 260 -60 73 Ave  
FI 2

City  
Glen Oaks

State  
NY

Zip Code  
11004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Nurse Assistant - Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9878601**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prince, Deanne, , ,**

Mailing Address 260 -60 73 Ave  
FI 2

City  
Glen Oaks

State  
NY

Zip Code  
11004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley Stream

Occupation (for Individual)  
Nurse Assistant - Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

**Transaction ID : 9878602**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2189 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prince, Deanne, , ,**Mailing Address 260 -60 73 Ave  
FI 2City  
Glen OaksState  
NYZip Code  
11004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Nurse Assistant - Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874441

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prince, Deanne, , ,**Mailing Address 260 -60 73 Ave  
FI 2City  
Glen OaksState  
NYZip Code  
11004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Nurse Assistant - Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9878599

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prince, Deanne, , ,**Mailing Address 260 -60 73 Ave  
FI 2City  
Glen OaksState  
NYZip Code  
11004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Nurse Assistant - Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874442

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2190 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prince, Deanne, , ,**Mailing Address 260 -60 73 Ave  
Fl 2City  
Glen OaksState  
NYZip Code  
11004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Valley StreamOccupation (for Individual)  
Nurse Assistant - Cert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878600

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prince, Michael, , ,**Mailing Address 720 S Orange Blossom Trl  
Apt 141City  
OrlandoState  
FLZip Code  
32805-3144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West AltamontOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9873910

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prince, Michael, , ,**Mailing Address 720 S Orange Blossom Trl  
Apt 141City  
OrlandoState  
FLZip Code  
32805-3144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West AltamontOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9873911

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2191 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prince, Michael, , ,**Mailing Address 720 S Orange Blossom Trl  
Apt 141City  
OrlandoState  
FLZip Code  
32805-3144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center West AltamontOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9873912

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prosper, Melisa, , ,**Mailing Address 1964 Nostrand Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11210-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878826

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prosper, Melisa, , ,**Mailing Address 1964 Nostrand Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11210-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878827

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2192 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prosper, Melisa, , ,**Mailing Address 1964 Nostrand Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11210-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873436

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prosper, Melisa, , ,**Mailing Address 1964 Nostrand Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11210-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878824

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prosper, Melisa, , ,**Mailing Address 1964 Nostrand Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11210-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873437

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2193 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prosper, Melisa, , ,**Mailing Address 1964 Nostrand Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11210-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Transportation Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878825

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pryce, Khalil, , ,**

Mailing Address 17848 Leslie Rd

City  
JamaicaState  
NYZip Code  
11434-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879692

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pryce, Khalil, , ,**

Mailing Address 17848 Leslie Rd

City  
JamaicaState  
NYZip Code  
11434-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879693

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2194 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pryce, Khalil, , ,**

Mailing Address 17848 Leslie Rd

City  
JamaicaState  
NYZip Code  
11434-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025**Transaction ID : 9874323**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pryce, Khalil, , ,**

Mailing Address 17848 Leslie Rd

City  
JamaicaState  
NYZip Code  
11434-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025**Transaction ID : 9879690**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pryce, Khalil, , ,**

Mailing Address 17848 Leslie Rd

City  
JamaicaState  
NYZip Code  
11434-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025**Transaction ID : 9874324**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2195 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pryce, Khalil, , ,**

Mailing Address 17848 Leslie Rd

City  
JamaicaState  
NYZip Code  
11434-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879691

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pucci, Debra, , ,**Mailing Address 888 Union St  
Apt D4City  
BrooklynState  
NYZip Code  
11215-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882572

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pucci, Debra, , ,**Mailing Address 888 Union St  
Apt D4City  
BrooklynState  
NYZip Code  
11215-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882573

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2196 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                        |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Pucci, Debra, , ,</b>                  |             |                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 03 / 2025<br><b>Transaction ID : 9875478</b> |  |
| Mailing Address 888 Union St<br>Apt D4                                                                                          |             |                                        | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11215-1500                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                        |                                                                                                     |  |
| Name of Employer (for Individual)<br>Retired                                                                                    |             | Occupation (for Individual)<br>Retired |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00     |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Pucci, Debra, , ,</b>                  |             |                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 03 / 2025<br><b>Transaction ID : 9882570</b> |  |
| Mailing Address 888 Union St<br>Apt D4                                                                                          |             |                                        | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11215-1500                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                        |                                                                                                     |  |
| Name of Employer (for Individual)<br>Retired                                                                                    |             | Occupation (for Individual)<br>Retired |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00     |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Pucci, Debra, , ,</b>                  |             |                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2025<br><b>Transaction ID : 9875479</b> |  |
| Mailing Address 888 Union St<br>Apt D4                                                                                          |             |                                        | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11215-1500                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                        |                                                                                                     |  |
| Name of Employer (for Individual)<br>Retired                                                                                    |             | Occupation (for Individual)<br>Retired |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00     |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                        | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                        |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2197 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pucci, Debra, , ,**Mailing Address 888 Union St  
Apt D4City  
BrooklynState  
NYZip Code  
11215-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882571

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pusey, Dannette, , ,**

Mailing Address 1101 Partridge Way

City  
PoincianaState  
FLZip Code  
34759-4428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9874238

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pusey, Dannette, , ,**

Mailing Address 1101 Partridge Way

City  
PoincianaState  
FLZip Code  
34759-4428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9874239

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2198 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pusey, Dannette, , ,**

Mailing Address 1101 Partridge Way

City  
PoincianaState  
FLZip Code  
34759-4428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9874240

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pusey, Dannette, , ,**

Mailing Address 1101 Partridge Way

City  
PoincianaState  
FLZip Code  
34759-4428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harborview Health Center KissimmeeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874241

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Putman, Bryan, , ,**

Mailing Address 14156 Crane Ter

City  
ClearwaterState  
FLZip Code  
33762-4503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg HospitalOccupation (for Individual)  
Equipment Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9874253

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2199 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Putman, Bryan, , ,**

Mailing Address 14156 Crane Ter

City  
Clearwater

State  
FL

Zip Code  
33762-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg Hospital

Occupation (for Individual)  
Equipment Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 08 / 2025

**Transaction ID : 9874255**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Putman, Bryan, , ,**

Mailing Address 14156 Crane Ter

City  
Clearwater

State  
FL

Zip Code  
33762-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg Hospital

Occupation (for Individual)  
Equipment Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 03 / 2025

**Transaction ID : 9874252**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Putman, Bryan, , ,**

Mailing Address 14156 Crane Ter

City  
Clearwater

State  
FL

Zip Code  
33762-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida St Petersburg Hospital

Occupation (for Individual)  
Equipment Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2025

**Transaction ID : 9874254**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2200 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Qiu, Huifeng, , ,**

Mailing Address 71 Token St

City  
Staten IslandState  
NYZip Code  
10312-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Polysomnograph Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877481

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Qiu, Huifeng, , ,**

Mailing Address 71 Token St

City  
Staten IslandState  
NYZip Code  
10312-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Polysomnograph Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877482

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Qiu, Huifeng, , ,**

Mailing Address 71 Token St

City  
Staten IslandState  
NYZip Code  
10312-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Polysomnograph Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877483

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2201 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Qiu, Huifeng, , ,**

Mailing Address 71 Token St

City  
Staten IslandState  
NYZip Code  
10312-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Polysomnograph Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877484

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Qiu, Huifeng, , ,**

Mailing Address 71 Token St

City  
Staten IslandState  
NYZip Code  
10312-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Polysomnograph Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873639

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Qiu, Huifeng, , ,**

Mailing Address 71 Token St

City  
Staten IslandState  
NYZip Code  
10312-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Polysomnograph Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877480

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2202 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quintanilla, Mariela, , ,**

Mailing Address 624 W 176th St  
Apt 2

City  
New York

State  
NY

Zip Code  
10033-7824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health Center

Occupation (for Individual)  
Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.12

Date of Receipt

07 / 18 / 2025

Transaction ID : 9874995

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quintanilla, Mariela, , ,**

Mailing Address 624 W 176th St  
Apt 2

City  
New York

State  
NY

Zip Code  
10033-7824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health Center

Occupation (for Individual)  
Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.12

Date of Receipt

08 / 05 / 2025

Transaction ID : 9874996

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Quintanilla, Mariela, , ,**

Mailing Address 624 W 176th St  
Apt 2

City  
New York

State  
NY

Zip Code  
10033-7824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health Center

Occupation (for Individual)  
Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

406.12

Date of Receipt

09 / 12 / 2025

Transaction ID : 9874997

Amount of Each Receipt this Period

36.92

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2203 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quintanilla, Mariela, , ,**Mailing Address 624 W 176th St  
Apt 2City  
New YorkState  
NYZip Code  
10033-7824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9874998

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quintanilla, Mariela, , ,**Mailing Address 624 W 176th St  
Apt 2City  
New YorkState  
NYZip Code  
10033-7824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874999

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Quintanilla, Mariela, , ,**Mailing Address 624 W 176th St  
Apt 2City  
New YorkState  
NYZip Code  
10033-7824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Community Health CenterOccupation (for Individual)  
Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

406.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875000

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2204 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quintero Arteaga, Zaida, , ,**Mailing Address 488 Vermont St  
Apt 1City  
BrooklynState  
NYZip Code  
11207-4814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875703

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quintero Arteaga, Zaida, , ,**Mailing Address 488 Vermont St  
Apt 1City  
BrooklynState  
NYZip Code  
11207-4814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9878733

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Quintero Arteaga, Zaida, , ,**Mailing Address 488 Vermont St  
Apt 1City  
BrooklynState  
NYZip Code  
11207-4814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875704

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2205 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quintero Arteaga, Zaida, , ,**

Mailing Address 488 Vermont St  
Apt 1

City  
Brooklyn

State  
NY

Zip Code  
11207-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

**Transaction ID : 9878734**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quirke, Thomas, , ,**

Mailing Address 64 Mill Rd

City  
Staten Island

State  
NY

Zip Code  
10306-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9873394**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Quirke, Thomas, , ,**

Mailing Address 64 Mill Rd

City  
Staten Island

State  
NY

Zip Code  
10306-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9873395**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2206 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quirke, Thomas, , ,**

Mailing Address 64 Mill Rd

City  
Staten Island

State  
NY

Zip Code  
10306-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 02 / 2025

Transaction ID : 9873396

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quirke, Thomas, , ,**

Mailing Address 64 Mill Rd

City  
Staten Island

State  
NY

Zip Code  
10306-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 29 / 2025

Transaction ID : 9873397

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Quirke, Thomas, , ,**

Mailing Address 64 Mill Rd

City  
Staten Island

State  
NY

Zip Code  
10306-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 03 / 2025

Transaction ID : 9873398

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2207 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quirke, Thomas, , ,**

Mailing Address 64 Mill Rd

City  
Staten IslandState  
NYZip Code  
10306-4807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873399

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rabbie, Nadia, , ,**Mailing Address 10425 Farmers Blvd  
NullCity  
Saint AlbansState  
NYZip Code  
11412-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Blood Bank Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879417

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rabbie, Nadia, , ,**Mailing Address 10425 Farmers Blvd  
NullCity  
Saint AlbansState  
NYZip Code  
11412-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Blood Bank Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874153

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2208 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rabbie, Nadia, , ,**Mailing Address 10425 Farmers Blvd  
NullCity  
Saint AlbansState  
NYZip Code  
11412-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Blood Bank Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 26    | / | 2025        |

**Transaction ID : 9879415**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rabbie, Nadia, , ,**Mailing Address 10425 Farmers Blvd  
NullCity  
Saint AlbansState  
NYZip Code  
11412-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Blood Bank Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2025        |

**Transaction ID : 9874154**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rabbie, Nadia, , ,**Mailing Address 10425 Farmers Blvd  
NullCity  
Saint AlbansState  
NYZip Code  
11412-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Blood Bank Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2025        |

**Transaction ID : 9879416**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2209 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Racz, Katalin, , ,**

Mailing Address 154 Laurel Rd

City  
East NorthportState  
NYZip Code  
11731-1416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880218

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Racz, Katalin, , ,**

Mailing Address 154 Laurel Rd

City  
East NorthportState  
NYZip Code  
11731-1416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880219

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Racz, Katalin, , ,**

Mailing Address 154 Laurel Rd

City  
East NorthportState  
NYZip Code  
11731-1416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874310

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2210 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Racz, Katalin, , ,**

Mailing Address 154 Laurel Rd

City  
East NorthportState  
NYZip Code  
11731-1416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9880216

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Racz, Katalin, , ,**

Mailing Address 154 Laurel Rd

City  
East NorthportState  
NYZip Code  
11731-1416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874311

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Racz, Katalin, , ,**

Mailing Address 154 Laurel Rd

City  
East NorthportState  
NYZip Code  
11731-1416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Telemetry Technician (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9880217

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2211 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rai, Bena, , ,**

Mailing Address 14403 105th Ave

Null

City

Jamaica

State

NY

Zip Code

11435-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 29    |   | 2025        |

Transaction ID : 9873861

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rai, Bena, , ,**

Mailing Address 14403 105th Ave

Null

City

Jamaica

State

NY

Zip Code

11435-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 29    |   | 2025        |

Transaction ID : 9879722

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rai, Bena, , ,**

Mailing Address 14403 105th Ave

Null

City

Jamaica

State

NY

Zip Code

11435-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 04    |   | 2025        |

Transaction ID : 9879724

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2212 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rai, Bena, , ,**

Mailing Address 14403 105th Ave

Null

City

Jamaica

State

NY

Zip Code

11435-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873860

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rai, Bena, , ,**

Mailing Address 14403 105th Ave

Null

City

Jamaica

State

NY

Zip Code

11435-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879721

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rai, Bena, , ,**

Mailing Address 14403 105th Ave

Null

City

Jamaica

State

NY

Zip Code

11435-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879723

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2213 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rajkumar, Rabindra, , ,**

Mailing Address 14701 120th Ave

City  
JamaicaState  
NYZip Code  
11436-1539FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9874704

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ralph, Sylvia, , ,**

Mailing Address 18 Wards Ln

City  
BellportState  
NYZip Code  
11713-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880144

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ralph, Sylvia, , ,**

Mailing Address 18 Wards Ln

City  
BellportState  
NYZip Code  
11713-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880145

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2214 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ralph, Sylvia, , ,**

Mailing Address 18 Wards Ln

City  
BellportState  
NYZip Code  
11713-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874065

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ralph, Sylvia, , ,**

Mailing Address 18 Wards Ln

City  
BellportState  
NYZip Code  
11713-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880142

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ralph, Sylvia, , ,**

Mailing Address 18 Wards Ln

City  
BellportState  
NYZip Code  
11713-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874066

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2215 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ralph, Sylvia, , ,**

Mailing Address 18 Wards Ln

City  
BellportState  
NYZip Code  
11713-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880143

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramales, Claudia, , ,**Mailing Address 2407 Walton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10468-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877935

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramales, Claudia, , ,**Mailing Address 2407 Walton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10468-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876091

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

56.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2216 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rames, Claudia, , ,**Mailing Address 2407 Walton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10468-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9877933

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rames, Claudia, , ,**Mailing Address 2407 Walton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10468-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876092

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rames, Claudia, , ,**Mailing Address 2407 Walton Ave  
Apt 2FCity  
BronxState  
NYZip Code  
10468-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9877934

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.38



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2217 OF 2967

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramales, Daniel, , ,**

Mailing Address 2374 University Ave  
Apt 32

City  
Bronx

State  
NY

Zip Code  
10468-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877938

Amount of Each Receipt this Period

18.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramales, Daniel, , ,**

Mailing Address 2374 University Ave  
Apt 32

City  
Bronx

State  
NY

Zip Code  
10468-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876089

Amount of Each Receipt this Period

18.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramales, Daniel, , ,**

Mailing Address 2374 University Ave  
Apt 32

City  
Bronx

State  
NY

Zip Code  
10468-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas Hospital

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

211.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9877936

Amount of Each Receipt this Period

18.40

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2218 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                  |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Rames, Daniel, , ,</b>                 |             |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9876090</b> |  |
| Mailing Address 2374 University Ave<br>Apt 32                                                                                   |             |                                                  |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-6236                           |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  | Amount of Each Receipt this Period<br>18.40                                                         |  |
| Name of Employer (for Individual)<br>St Barnabas Hospital                                                                       |             | Occupation (for Individual)<br>Nursing Assistant | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>211.60               |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Rames, Daniel, , ,</b>                 |             |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9877937</b> |  |
| Mailing Address 2374 University Ave<br>Apt 32                                                                                   |             |                                                  |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10468-6236                           |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  | Amount of Each Receipt this Period<br>18.40                                                         |  |
| Name of Employer (for Individual)<br>St Barnabas Hospital                                                                       |             | Occupation (for Individual)<br>Nursing Assistant | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>211.60               |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Ramirez Martinez, Samuel, , ,</b>      |             |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 22 / 2025<br><b>Transaction ID : 9878629</b> |  |
| Mailing Address 5 Norwood Rd                                                                                                    |             |                                                  |                                                                                                     |  |
| City<br>Port Washington                                                                                                         | State<br>NY | Zip Code<br>11050-1423                           |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                  | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Sands Point Nursing Home                                                                   |             | Occupation (for Individual)<br>Housekeeper       | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00               |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                  | 56.80                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                  |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2219 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez Martinez, Samuel, , ,**

Mailing Address 5 Norwood Rd

City  
Port WashingtonState  
NYZip Code  
11050-1423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez Martinez, Samuel, , ,**

Mailing Address 5 Norwood Rd

City  
Port WashingtonState  
NYZip Code  
11050-1423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9878631

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramirez Martinez, Samuel, , ,**

Mailing Address 5 Norwood Rd

City  
Port WashingtonState  
NYZip Code  
11050-1423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9878632

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2220 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez Martinez, Samuel, , ,**

Mailing Address 5 Norwood Rd

City  
Port WashingtonState  
NYZip Code  
11050-1423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875819

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez Martinez, Samuel, , ,**

Mailing Address 5 Norwood Rd

City  
Port WashingtonState  
NYZip Code  
11050-1423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sands Point Nursing HomeOccupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9878628

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramirez, Tamikia, , ,**Mailing Address 3530 Rochambeau Ave  
Apt 23City  
BronxState  
NYZip Code  
10467-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881163

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2221 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez, Tamikia, , ,**Mailing Address 3530 Rochambeau Ave  
Apt 23City  
BronxState  
NYZip Code  
10467-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881164

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez, Tamikia, , ,**Mailing Address 3530 Rochambeau Ave  
Apt 23City  
BronxState  
NYZip Code  
10467-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876235

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramirez, Tamikia, , ,**Mailing Address 3530 Rochambeau Ave  
Apt 23City  
BronxState  
NYZip Code  
10467-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881161

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2222 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez, Tamikia, , ,**Mailing Address 3530 Rochambeau Ave  
Apt 23City  
BronxState  
NYZip Code  
10467-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez, Tamikia, , ,**Mailing Address 3530 Rochambeau Ave  
Apt 23City  
BronxState  
NYZip Code  
10467-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FINANCIAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881162

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramirez, Yoselin, , ,**

Mailing Address 40 Lukens Ave

City  
BrentwoodState  
NYZip Code  
11717-3819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880165

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2223 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez, Yoselin, , ,**

Mailing Address 40 Lukens Ave

City  
BrentwoodState  
NYZip Code  
11717-3819FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880166

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez, Yoselin, , ,**

Mailing Address 40 Lukens Ave

City  
BrentwoodState  
NYZip Code  
11717-3819FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9880167

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramirez, Yoselin, , ,**

Mailing Address 40 Lukens Ave

City  
BrentwoodState  
NYZip Code  
11717-3819FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9880168

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2224 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez, Yoselin, , ,**

Mailing Address 40 Lukens Ave

City  
BrentwoodState  
NYZip Code  
11717-3819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874094

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez, Yoselin, , ,**

Mailing Address 40 Lukens Ave

City  
BrentwoodState  
NYZip Code  
11717-3819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880164

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramkissoo, Dev, , ,**

Mailing Address 2842 Tiemann Ave

City  
BronxState  
NYZip Code  
10469-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Trans/Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877971

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2225 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramkissoon, Dev, , ,**

Mailing Address 2842 Tiemann Ave

City  
BronxState  
NYZip Code  
10469-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Trans/Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877972

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramkissoon, Dev, , ,**

Mailing Address 2842 Tiemann Ave

City  
BronxState  
NYZip Code  
10469-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Trans/Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877973

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramkissoon, Dev, , ,**

Mailing Address 2842 Tiemann Ave

City  
BronxState  
NYZip Code  
10469-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Trans/Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877974

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2226 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramkissoon, Dev, , ,**

Mailing Address 2842 Tiemann Ave

City  
BronxState  
NYZip Code  
10469-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Trans/Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874956

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramkissoon, Dev, , ,**

Mailing Address 2842 Tiemann Ave

City  
BronxState  
NYZip Code  
10469-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Mt Vernon HospitalOccupation (for Individual)  
Mmv-Trans/Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877970

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramkissoon, Sunita, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 7ACity  
BrooklynState  
NYZip Code  
11236-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879193

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2227 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramkissoon, Sunita, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 7ACity  
BrooklynState  
NYZip Code  
11236-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879194

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramkissoon, Sunita, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 7ACity  
BrooklynState  
NYZip Code  
11236-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876557

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramkissoon, Sunita, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 7ACity  
BrooklynState  
NYZip Code  
11236-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879191

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2228 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramkissoon, Sunita, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 7ACity  
BrooklynState  
NYZip Code  
11236-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876558

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramkissoon, Sunita, , ,**Mailing Address 2125 Rockaway Pkwy  
Apt 7ACity  
BrooklynState  
NYZip Code  
11236-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879192

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramnarine, Parbattie, , ,**

Mailing Address 112 Dolphin Ct

City  
BronxState  
NYZip Code  
10473-0972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878053

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2229 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramnarine, Parbattie, , ,**

Mailing Address 112 Dolphin Ct

City  
BronxState  
NYZip Code  
10473-0972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878052

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramnarine, Parbattie, , ,**

Mailing Address 112 Dolphin Ct

City  
BronxState  
NYZip Code  
10473-0972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873684

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramnarine, Parbattie, , ,**

Mailing Address 112 Dolphin Ct

City  
BronxState  
NYZip Code  
10473-0972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878051

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2230 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
DavenportState  
FLZip Code  
33837-7207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.86

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9875273

Amount of Each Receipt this Period

22.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
DavenportState  
FLZip Code  
33837-7207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.86

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9875274

Amount of Each Receipt this Period

22.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
DavenportState  
FLZip Code  
33837-7207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.86

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9875275

Amount of Each Receipt this Period

22.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

67.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2231 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
DavenportState  
FLZip Code  
33837-7207FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9875276

Amount of Each Receipt this Period

22.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
DavenportState  
FLZip Code  
33837-7207FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9875277

Amount of Each Receipt this Period

22.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
DavenportState  
FLZip Code  
33837-7207FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875278

Amount of Each Receipt this Period

22.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

67.98

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2232 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
Davenport

State  
FL

Zip Code  
33837-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.86

Date of Receipt

11 / 07 / 2025

Transaction ID : 9875279

Amount of Each Receipt this Period

22.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramos, Ashlee, , ,**

Mailing Address 530 Nicholson Dr

City  
Davenport

State  
FL

Zip Code  
33837-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Operating Room Technician Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.86

Date of Receipt

11 / 21 / 2025

Transaction ID : 9875280

Amount of Each Receipt this Period

22.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramoutar, Anjanie, , ,**

Mailing Address 20210 99th Ave  
 FI 2

City  
Jamaica

State  
NY

Zip Code  
11423-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Mary's Hospital For Children, INC

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 14 / 2025

Transaction ID : 9879608

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.32



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2233 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramoutar, Anjanie, , ,**Mailing Address 20210 99th Ave  
FI 2City  
JamaicaState  
NYZip Code  
11423-3400FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St Mary's Hospital For Children, INCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879609

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramoutar, Anjanie, , ,**Mailing Address 20210 99th Ave  
FI 2City  
JamaicaState  
NYZip Code  
11423-3400FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St Mary's Hospital For Children, INCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874071

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ramoutar, Anjanie, , ,**Mailing Address 20210 99th Ave  
FI 2City  
JamaicaState  
NYZip Code  
11423-3400FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St Mary's Hospital For Children, INCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879606

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2234 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramoutar, Anjanie, , ,**Mailing Address 20210 99th Ave  
Fl 2City  
JamaicaState  
NYZip Code  
11423-3400FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St Mary's Hospital For Children, INCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025**Transaction ID : 9874072**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramoutar, Anjanie, , ,**Mailing Address 20210 99th Ave  
Fl 2City  
JamaicaState  
NYZip Code  
11423-3400FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St Mary's Hospital For Children, INCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025**Transaction ID : 9879607**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rasuk Paulino, Zoraida, , ,**Mailing Address 2165 Bolton St  
Apt 5GCity  
BronxState  
NYZip Code  
10462-1311FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
LABORATORY ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025**Transaction ID : 9876014**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2235 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rasuk Paulino, Zoraida, , ,**Mailing Address 2165 Bolton St  
Apt 5GCity  
BronxState  
NYZip Code  
10462-1311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
LABORATORY ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9881433

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rasuk Paulino, Zoraida, , ,**Mailing Address 2165 Bolton St  
Apt 5GCity  
BronxState  
NYZip Code  
10462-1311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department Of HealthOccupation (for Individual)  
LABORATORY ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9876015

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ratcliff, Latonya, , ,**Mailing Address 1408 Brooklyn Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-1875FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878820

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2236 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ratcliff, Latonya, , ,**Mailing Address 1408 Brooklyn Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-1875FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878821

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ratcliff, Latonya, , ,**Mailing Address 1408 Brooklyn Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-1875FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878822

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ratcliff, Latonya, , ,**Mailing Address 1408 Brooklyn Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-1875FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878823

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2237 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ratcliff, Latonya, , ,**Mailing Address 1408 Brooklyn Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-1875FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876046

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ratcliff, Latonya, , ,**Mailing Address 1408 Brooklyn Ave  
Apt 4ACity  
BrooklynState  
NYZip Code  
11210-1875FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878819

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209City  
Fort LauderdaleState  
FLZip Code  
33312-1074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Prep Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9881095

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2238 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209

City

Fort Lauderdale

State

FL

Zip Code

33312-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Prep Cook

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9881096

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209

City

Fort Lauderdale

State

FL

Zip Code

33312-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Prep Cook

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874832

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209

City

Fort Lauderdale

State

FL

Zip Code

33312-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Prep Cook

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9881092

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2239 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209

City

Fort Lauderdale

State

FL

Zip Code

33312-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Prep Cook

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874833

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209

City

Fort Lauderdale

State

FL

Zip Code

33312-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Prep Cook

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881093

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209

City

Fort Lauderdale

State

FL

Zip Code

33312-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Westside Hospital

Occupation (for Individual)

Prep Cook

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874834

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2240 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reed Scott, Johnnie Mae, , ,**Mailing Address 3960 W Broward Blvd  
Apt 209City  
Fort LauderdaleState  
FLZip Code  
33312-1074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Prep Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9881094

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reed-Cooper, Kenneth, , ,**Mailing Address 1309 5th Ave  
Apt 8HCity  
New YorkState  
NYZip Code  
10029-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877228

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reed-Cooper, Kenneth, , ,**Mailing Address 1309 5th Ave  
Apt 8HCity  
New YorkState  
NYZip Code  
10029-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877229

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2241 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reed-Cooper, Kenneth, , ,**Mailing Address 1309 5th Ave  
Apt 8HCity  
New YorkState  
NYZip Code  
10029-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876548

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reed-Cooper, Kenneth, , ,**Mailing Address 1309 5th Ave  
Apt 8HCity  
New YorkState  
NYZip Code  
10029-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877226

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reed-Cooper, Kenneth, , ,**Mailing Address 1309 5th Ave  
Apt 8HCity  
New YorkState  
NYZip Code  
10029-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876549

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2242 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reed-Cooper, Kenneth, , ,**Mailing Address 1309 5th Ave  
Apt 8HCity  
New YorkState  
NYZip Code  
10029-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877227

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reid, Ashley, , ,**Mailing Address 3041 Holland Ave  
Apt 35NCity  
BronxState  
NYZip Code  
10467-8694FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9874964

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Ashley, , ,**Mailing Address 3041 Holland Ave  
Apt 35NCity  
BronxState  
NYZip Code  
10467-8694FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9874965

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2243 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reid, Ashley, , ,**Mailing Address 3041 Holland Ave  
Apt 35NCity  
BronxState  
NYZip Code  
10467-8694FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9874966

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reid, Ashley, , ,**Mailing Address 3041 Holland Ave  
Apt 35NCity  
BronxState  
NYZip Code  
10467-8694FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874967

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Glenmore, , ,**Mailing Address 801 A E 222nd St  
Apt 2City  
BronxState  
NYZip Code  
10467-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9881031

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2244 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reid, Glenmore, , ,**Mailing Address 801 A E 222nd St  
Apt 2City  
BronxState  
NYZip Code  
10467-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9881032

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reid, Glenmore, , ,**Mailing Address 801 A E 222nd St  
Apt 2City  
BronxState  
NYZip Code  
10467-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9876300

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Glenmore, , ,**Mailing Address 801 A E 222nd St  
Apt 2City  
BronxState  
NYZip Code  
10467-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9881029

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2245 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reid, Glenmore, , ,**Mailing Address 801 A E 222nd St  
Apt 2City  
BronxState  
NYZip Code  
10467-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876301

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reid, Glenmore, , ,**Mailing Address 801 A E 222nd St  
Apt 2City  
BronxState  
NYZip Code  
10467-5107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881030

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Juliet, , ,**

Mailing Address 120 Benchley Pl

City  
BronxState  
NYZip Code  
10475-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878133

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2246 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reid, Juliet, , ,**

Mailing Address 120 Benchley PI

City  
Bronx

State  
NY

Zip Code  
10475-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 15 / 2025

**Transaction ID : 9878134**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reid, Juliet, , ,**

Mailing Address 120 Benchley PI

City  
Bronx

State  
NY

Zip Code  
10475-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 02 / 2025

**Transaction ID : 9878135**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Juliet, , ,**

Mailing Address 120 Benchley PI

City  
Bronx

State  
NY

Zip Code  
10475-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & R

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 25 / 2025

**Transaction ID : 9878136**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2247 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |                        |                                                            |                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Reid, Juliet, , ,</b>                  |                        |                                                            | Date of Receipt<br>MM / DD / YYYY<br>09 / 29 / 2025<br><b>Transaction ID : 9878137</b> |  |
| Mailing Address 120 Benchley PI                                                                                                 |                        |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item      |  |
| City<br>Bronx                                                                                                                   | State<br>NY            | Zip Code<br>10475-3402                                     |                                                                                        |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                        |                                                            |                                                                                        |  |
| Name of Employer (for Individual)<br>Yonkers Gardens Center for Nursing & R                                                     |                        | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                        |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Reid, Juliet, , ,</b>                  |                        |                                                            |                                                                                        |  |
| Mailing Address 120 Benchley PI                                                                                                 |                        |                                                            | Date of Receipt<br>MM / DD / YYYY<br>12 / 04 / 2025<br><b>Transaction ID : 9873747</b> |  |
| City<br>Bronx                                                                                                                   |                        |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item      |  |
| State<br>NY                                                                                                                     | Zip Code<br>10475-3402 |                                                            |                                                                                        |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                        |                                                            |                                                                                        |  |
| Name of Employer (for Individual)<br>Yonkers Gardens Center for Nursing & R                                                     |                        | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                        |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Reid, Juliet, , ,</b>                  |                        |                                                            |                                                                                        |  |
| Mailing Address 120 Benchley PI                                                                                                 |                        |                                                            | Date of Receipt<br>MM / DD / YYYY<br>12 / 04 / 2025<br><b>Transaction ID : 9878132</b> |  |
| City<br>Bronx                                                                                                                   |                        |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item      |  |
| State<br>NY                                                                                                                     | Zip Code<br>10475-3402 |                                                            |                                                                                        |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                        |                                                            |                                                                                        |  |
| Name of Employer (for Individual)<br>Yonkers Gardens Center for Nursing & R                                                     |                        | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                        | Aggregate Year-to-Date ▼<br>220.00                         |                                                                                        |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                           |                        |                                                            | 60.00                                                                                  |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                 |                        |                                                            |                                                                                        |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2248 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reiter, Teresa, , ,**

Mailing Address 411 E 83rd St  
Apt 4A

City  
New York

State  
NY

Zip Code  
10028-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9873937

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reiter, Teresa, , ,**

Mailing Address 411 E 83rd St  
Apt 4A

City  
New York

State  
NY

Zip Code  
10028-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9877209

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reiter, Teresa, , ,**

Mailing Address 411 E 83rd St  
Apt 4A

City  
New York

State  
NY

Zip Code  
10028-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9873938

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2249 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reiter, Teresa, , ,**

Mailing Address 411 E 83rd St  
Apt 4A

City  
New York

State  
NY

Zip Code  
10028-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9877210**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reiter, Teresa, , ,**

Mailing Address 411 E 83rd St  
Apt 4A

City  
New York

State  
NY

Zip Code  
10028-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9873939**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reiter, Teresa, , ,**

Mailing Address 411 E 83rd St  
Apt 4A

City  
New York

State  
NY

Zip Code  
10028-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9877211**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2250 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Renelien, Steve, , ,**

Mailing Address 48 Hill St

City  
BloomfieldState  
NJZip Code  
07003-4882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Registered Vascular Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9881606

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Renelien, Steve, , ,**

Mailing Address 48 Hill St

City  
BloomfieldState  
NJZip Code  
07003-4882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Registered Vascular Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875702

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Renelien, Steve, , ,**

Mailing Address 48 Hill St

City  
BloomfieldState  
NJZip Code  
07003-4882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Registered Vascular Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9881605

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2251 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Renelien, Steve, , ,**

Mailing Address 48 Hill St

City  
BloomfieldState  
NJZip Code  
07003-4882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Registered Vascular Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875701

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Renelien, Steve, , ,**

Mailing Address 48 Hill St

City  
BloomfieldState  
NJZip Code  
07003-4882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Registered Vascular Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881604

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reneus, Phagnol, , ,**

Mailing Address 14349 229th St

City  
LaureltonState  
NYZip Code  
11413-3615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Region Care Nursing AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879522

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2252 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reneus, Phagnol, , ,**

Mailing Address 14349 229th St

City  
Laurelton

State  
NY

Zip Code  
11413-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Region Care Nursing Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9875537**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reneus, Phagnol, , ,**

Mailing Address 14349 229th St

City  
Laurelton

State  
NY

Zip Code  
11413-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Region Care Nursing Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9879520**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reneus, Phagnol, , ,**

Mailing Address 14349 229th St

City  
Laurelton

State  
NY

Zip Code  
11413-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Region Care Nursing Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9875538**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2253 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reneus, Phagnol, , ,**

Mailing Address 14349 229th St

City  
Laurelton

State  
NY

Zip Code  
11413-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Region Care Nursing Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9879521**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reppert, Tarah, , ,**

Mailing Address 12014 Creek Preserve Dr

City  
Riverview

State  
FL

Zip Code  
33579-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9876799**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reppert, Tarah, , ,**

Mailing Address 12014 Creek Preserve Dr

City  
Riverview

State  
FL

Zip Code  
33579-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9882306**

Amount of Each Receipt this Period

28.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2254 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reppert, Tarah, , ,**

Mailing Address 12014 Creek Preserve Dr

City  
RiverviewState  
FLZip Code  
33579-6510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876800

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reppert, Tarah, , ,**

Mailing Address 12014 Creek Preserve Dr

City  
RiverviewState  
FLZip Code  
33579-6510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9882307

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reppert, Tarah, , ,**

Mailing Address 12014 Creek Preserve Dr

City  
RiverviewState  
FLZip Code  
33579-6510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876801

Amount of Each Receipt this Period

28.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2255 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reppert, Tarah, , ,**

Mailing Address 12014 Creek Preserve Dr

City  
RiverviewState  
FLZip Code  
33579-6510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Political Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876802

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rey, Donna, , ,**Mailing Address 527 Old Bridge Tpke  
Unit 4117City  
East BrunswickState  
NJZip Code  
08816-1963FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 National Benefit FundOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875522

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rey, Donna, , ,**Mailing Address 527 Old Bridge Tpke  
Unit 4117City  
East BrunswickState  
NJZip Code  
08816-1963FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 National Benefit FundOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9875524

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

528.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2256 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rey, Donna, , ,**Mailing Address 527 Old Bridge Tpke  
Unit 4117City  
East BrunswickState  
NJZip Code  
08816-1963FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
1199 National Benefit FundOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025**Transaction ID : 9875523**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rey, Donna, , ,**Mailing Address 527 Old Bridge Tpke  
Unit 4117City  
East BrunswickState  
NJZip Code  
08816-1963FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
1199 National Benefit FundOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025**Transaction ID : 9875525**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rey, Donna, , ,**Mailing Address 527 Old Bridge Tpke  
Unit 4117City  
East BrunswickState  
NJZip Code  
08816-1963FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
1199 National Benefit FundOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9875526**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2257 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reyes Lantigua, Javier, , ,**

Mailing Address 38 Lott Ave

City  
BrooklynState  
NYZip Code  
11212-4868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878856

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reyes Lantigua, Javier, , ,**

Mailing Address 38 Lott Ave

City  
BrooklynState  
NYZip Code  
11212-4868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878857

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reyes Lantigua, Javier, , ,**

Mailing Address 38 Lott Ave

City  
BrooklynState  
NYZip Code  
11212-4868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878858

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2258 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reyes Lantigua, Javier, , ,**

Mailing Address 38 Lott Ave

City  
BrooklynState  
NYZip Code  
11212-4868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878859

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reyes Lantigua, Javier, , ,**

Mailing Address 38 Lott Ave

City  
BrooklynState  
NYZip Code  
11212-4868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873610

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reyes Lantigua, Javier, , ,**

Mailing Address 38 Lott Ave

City  
BrooklynState  
NYZip Code  
11212-4868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
MEDICAL ASSISTANT/RELATIONS AS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878855

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2259 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reyes, Dametria, , ,**

Mailing Address 2701 Goethals Rd N  
Apt H10

City  
Staten Island

State  
NY

Zip Code  
10303-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9877370**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reyes, Dametria, , ,**

Mailing Address 2701 Goethals Rd N  
Apt H10

City  
Staten Island

State  
NY

Zip Code  
10303-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

**Transaction ID : 9877371**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reyes, Dametria, , ,**

Mailing Address 2701 Goethals Rd N  
Apt H10

City  
Staten Island

State  
NY

Zip Code  
10303-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

**Transaction ID : 9873597**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2260 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reyes, Dametria, , ,**

Mailing Address 2701 Goethals Rd N  
Apt H10

City  
Staten Island

State  
NY

Zip Code  
10303-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9877368

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reyes, Dametria, , ,**

Mailing Address 2701 Goethals Rd N  
Apt H10

City  
Staten Island

State  
NY

Zip Code  
10303-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9873598

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reyes, Dametria, , ,**

Mailing Address 2701 Goethals Rd N  
Apt H10

City  
Staten Island

State  
NY

Zip Code  
10303-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9877369

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2261 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reynolds, Jenny, , ,**Mailing Address 27 Warren St  
Apt 4CCity  
Staten IslandState  
NYZip Code  
10304-2534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9873931

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reynolds, Jenny, , ,**Mailing Address 27 Warren St  
Apt 4CCity  
Staten IslandState  
NYZip Code  
10304-2534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877380

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reynolds, Jenny, , ,**Mailing Address 27 Warren St  
Apt 4CCity  
Staten IslandState  
NYZip Code  
10304-2534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873932

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2262 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reynolds, Jenny, , ,**Mailing Address 27 Warren St  
Apt 4CCity  
Staten IslandState  
NYZip Code  
10304-2534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877381

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reynolds, Jenny, , ,**Mailing Address 27 Warren St  
Apt 4CCity  
Staten IslandState  
NYZip Code  
10304-2534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9873933

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reynolds, Jenny, , ,**Mailing Address 27 Warren St  
Apt 4CCity  
Staten IslandState  
NYZip Code  
10304-2534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9877382

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2263 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reynolds, Marah Jeune, , ,**

Mailing Address 320 Beach 100Th St

City  
Rockaway Park

State  
NY

Zip Code  
11694-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2025

**Transaction ID : 9873874**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reynolds, Marah Jeune, , ,**

Mailing Address 320 Beach 100Th St

City  
Rockaway Park

State  
NY

Zip Code  
11694-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2025

**Transaction ID : 9880092**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reynolds, Marah Jeune, , ,**

Mailing Address 320 Beach 100Th St

City  
Rockaway Park

State  
NY

Zip Code  
11694-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9873872**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2264 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reynolds, Marah Jeune, , ,**

Mailing Address 320 Beach 100Th St

City

Rockaway Park

State

NY

Zip Code

11694-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880090

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reynolds, Marah Jeune, , ,**

Mailing Address 320 Beach 100Th St

City

Rockaway Park

State

NY

Zip Code

11694-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873873

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reynolds, Marah Jeune, , ,**

Mailing Address 320 Beach 100Th St

City

Rockaway Park

State

NY

Zip Code

11694-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab &amp; Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880091

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2265 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rhoden, Michelle, , ,**Mailing Address 34 Georgia Ave  
NullCity  
BrooklynState  
NYZip Code  
11207-2417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878755

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rhoden, Michelle, , ,**Mailing Address 34 Georgia Ave  
NullCity  
BrooklynState  
NYZip Code  
11207-2417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878756

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rhoden, Michelle, , ,**Mailing Address 34 Georgia Ave  
NullCity  
BrooklynState  
NYZip Code  
11207-2417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873455

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2266 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rhoden, Michelle, , ,**

Mailing Address 34 Georgia Ave  
Null

City  
Brooklyn

State  
NY

Zip Code  
11207-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : 9878753**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rhoden, Michelle, , ,**

Mailing Address 34 Georgia Ave  
Null

City  
Brooklyn

State  
NY

Zip Code  
11207-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9873456**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rhoden, Michelle, , ,**

Mailing Address 34 Georgia Ave  
Null

City  
Brooklyn

State  
NY

Zip Code  
11207-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

**Transaction ID : 9878754**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2267 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ricardo, Cesarina, , ,**

Mailing Address 1915 Andrews Ave  
Apt 5N

City  
Bronx

State  
NY

Zip Code  
10453-3052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 14 / 2025

Transaction ID : 9877565

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ricardo, Cesarina, , ,**

Mailing Address 1915 Andrews Ave  
Apt 5N

City  
Bronx

State  
NY

Zip Code  
10453-3052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9877566

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ricardo, Cesarina, , ,**

Mailing Address 1915 Andrews Ave  
Apt 5N

City  
Bronx

State  
NY

Zip Code  
10453-3052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9877567

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2268 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ricardo, Cesarina, , ,**Mailing Address 1915 Andrews Ave  
Apt 5NCity  
BronxState  
NYZip Code  
10453-3052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9876757

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ricardo, Cesarina, , ,**Mailing Address 1915 Andrews Ave  
Apt 5NCity  
BronxState  
NYZip Code  
10453-3052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
People CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2025

Transaction ID : 9877564

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richards, Elorraine, , ,**

Mailing Address 867 E 94th St

City  
BrooklynState  
NYZip Code  
11236-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Respiratory Therapist, Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9874386

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2269 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richards, Elorraine, , ,**

Mailing Address 867 E 94th St

City  
BrooklynState  
NYZip Code  
11236-2003FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Respiratory Therapist, Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9874387

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richards, Elorraine, , ,**

Mailing Address 867 E 94th St

City  
BrooklynState  
NYZip Code  
11236-2003FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Respiratory Therapist, Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9874388

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richards, Elorraine, , ,**

Mailing Address 867 E 94th St

City  
BrooklynState  
NYZip Code  
11236-2003FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Respiratory Therapist, Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874389

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2270 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richards, Elorraine, , ,**

Mailing Address 867 E 94th St

City  
BrooklynState  
NYZip Code  
11236-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical CenterOccupation (for Individual)  
Respiratory Therapist, Reg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874390

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richards, Ingrid, , ,**Mailing Address 16410 119th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-5701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. CareOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9879670

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richards, Ingrid, , ,**Mailing Address 16410 119th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-5701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. CareOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879667

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2271 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richards, Ingrid, , ,**

Mailing Address 16410 119th Ave  
Null

City  
Jamaica

State  
NY

Zip Code  
11434-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. Care

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9879668**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richards, Ingrid, , ,**

Mailing Address 16410 119th Ave  
Null

City  
Jamaica

State  
NY

Zip Code  
11434-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. Care

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9879666**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richards, Ingrid, , ,**

Mailing Address 16410 119th Ave  
Null

City  
Jamaica

State  
NY

Zip Code  
11434-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. Care

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9879669**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2272 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richards, Ingrid, , ,

Mailing Address 16410 119th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-5701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. CareOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 03    |   | 2025        |

Transaction ID : 9876550

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Richards, Ingrid, , ,

Mailing Address 16410 119th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-5701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. CareOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 03    |   | 2025        |

Transaction ID : 9879699

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richards, Ingrid, , ,

Mailing Address 16410 119th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-5701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. CareOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2025        |

Transaction ID : 9879665

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2273 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richards, Ingrid, , ,**

Mailing Address 16410 119th Ave  
Null

City  
Jamaica

State  
NY

Zip Code  
11434-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. Care

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9876551

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richards, Ingrid, , ,**

Mailing Address 16410 119th Ave  
Null

City  
Jamaica

State  
NY

Zip Code  
11434-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. Care

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9879700

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richards, Ingrid, , ,**

Mailing Address 16410 119th Ave  
Null

City  
Jamaica

State  
NY

Zip Code  
11434-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. Care

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 10 / 2025

Transaction ID : 9876552

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2274 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richards, Ingrid, , ,**Mailing Address 16410 119th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-5701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nassau Ext. CareOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9879701

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richardson, Salena, , ,**Mailing Address 2146 Blackrock Ave  
Apt 18City  
BronxState  
NYZip Code  
10472-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880965

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richardson, Salena, , ,**Mailing Address 2146 Blackrock Ave  
Apt 18City  
BronxState  
NYZip Code  
10472-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880966

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2275 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richardson, Salena, , ,**Mailing Address 2146 Blackrock Ave  
Apt 18City  
BronxState  
NYZip Code  
10472-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876167

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richardson, Salena, , ,**Mailing Address 2146 Blackrock Ave  
Apt 18City  
BronxState  
NYZip Code  
10472-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880963

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richardson, Salena, , ,**Mailing Address 2146 Blackrock Ave  
Apt 18City  
BronxState  
NYZip Code  
10472-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876168

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2276 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Richardson, Salena, , ,**Mailing Address 2146 Blackrock Ave  
Apt 18City  
BronxState  
NYZip Code  
10472-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON I PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880964

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ricketts, Dianne, , ,**

Mailing Address 5018 Clarendon Rd

City  
BrooklynState  
NYZip Code  
11203-5317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9878682

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ricketts, Dianne, , ,**

Mailing Address 5018 Clarendon Rd

City  
BrooklynState  
NYZip Code  
11203-5317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878683

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2277 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ricketts, Dianne, , ,**

Mailing Address 5018 Clarendon Rd

City  
BrooklynState  
NYZip Code  
11203-5317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9876353

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ricketts, Dianne, , ,**

Mailing Address 5018 Clarendon Rd

City  
BrooklynState  
NYZip Code  
11203-5317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9878680

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ricketts, Dianne, , ,**

Mailing Address 5018 Clarendon Rd

City  
BrooklynState  
NYZip Code  
11203-5317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876354

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2278 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ricketts, Dianne, , ,**

Mailing Address 5018 Clarendon Rd

City  
Brooklyn

State  
NY

Zip Code  
11203-5317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9878681**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ricketts, Shanice, , ,**

Mailing Address 916 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-6012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hopkins Center

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9876727**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Riddick, Robin Edith, , ,**

Mailing Address 2 L St NW  
Apt 718

City  
Washington

State  
DC

Zip Code  
20001-5939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

**Transaction ID : 9881461**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2279 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Riddick, Robin Edith, , ,**

Mailing Address 2 L St NW  
Apt 718

City  
Washington

State  
DC

Zip Code  
20001-5939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9881462

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Riddick, Robin Edith, , ,**

Mailing Address 2 L St NW  
Apt 718

City  
Washington

State  
DC

Zip Code  
20001-5939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 14 / 2025

Transaction ID : 9881463

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Riddick, Robin Edith, , ,**

Mailing Address 2 L St NW  
Apt 718

City  
Washington

State  
DC

Zip Code  
20001-5939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 22 / 2025

Transaction ID : 9874277

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2280 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Riddick, Robin Edith, , ,**

Mailing Address 2 L St NW  
Apt 718

City  
Washington

State  
DC

Zip Code  
20001-5939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical Center

Occupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9881460**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rigby, Travelle Denene, , ,**

Mailing Address 12700 NW 22nd Ave

City  
Miami

State  
FL

Zip Code  
33167-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group North Dade

Occupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

**Transaction ID : 9880698**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rigby, Travelle Denene, , ,**

Mailing Address 12700 NW 22nd Ave

City  
Miami

State  
FL

Zip Code  
33167-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group North Dade

Occupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2025

**Transaction ID : 9880697**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2281 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rigby, Travelle Denene, , ,**

Mailing Address 12700 NW 22nd Ave

City  
MiamiState  
FLZip Code  
33167-1930FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group North DadeOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2025

Transaction ID : 9880699

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rigby, Travelle Denene, , ,**

Mailing Address 12700 NW 22nd Ave

City  
MiamiState  
FLZip Code  
33167-1930FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group North DadeOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9873190

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rigby, Travelle Denene, , ,**

Mailing Address 12700 NW 22nd Ave

City  
MiamiState  
FLZip Code  
33167-1930FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group North DadeOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880696

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2282 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rimpel, Alasia, , ,**Mailing Address 2750 Homecrest Ave  
Apt 403City  
BrooklynState  
NYZip Code  
11235-4648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879137

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rimpel, Alasia, , ,**Mailing Address 2750 Homecrest Ave  
Apt 403City  
BrooklynState  
NYZip Code  
11235-4648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9879139

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rimpel, Alasia, , ,**Mailing Address 2750 Homecrest Ave  
Apt 403City  
BrooklynState  
NYZip Code  
11235-4648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879138

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2283 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rimpel, Alasia, , ,**

Mailing Address 2750 Homecrest Ave  
Apt 403

City  
Brooklyn

State  
NY

Zip Code  
11235-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community Hospital

Occupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

**Transaction ID : 9879140**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rimpel, Alasia, , ,**

Mailing Address 2750 Homecrest Ave  
Apt 403

City  
Brooklyn

State  
NY

Zip Code  
11235-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community Hospital

Occupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9873953**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rimpel, Alasia, , ,**

Mailing Address 2750 Homecrest Ave  
Apt 403

City  
Brooklyn

State  
NY

Zip Code  
11235-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community Hospital

Occupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9879133**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2284 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rimpel, Alasia, , ,**Mailing Address 2750 Homecrest Ave  
Apt 403City  
BrooklynState  
NYZip Code  
11235-4648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873954

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rimpel, Alasia, , ,**Mailing Address 2750 Homecrest Ave  
Apt 403City  
BrooklynState  
NYZip Code  
11235-4648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879134

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rimpel, Alasia, , ,**Mailing Address 2750 Homecrest Ave  
Apt 403City  
BrooklynState  
NYZip Code  
11235-4648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9873955

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2285 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rimpel, Alasia, , ,**

Mailing Address 2750 Homecrest Ave  
Apt 403

City  
Brooklyn

State  
NY

Zip Code  
11235-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community Hospital

Occupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : 9879135**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rimpel, Alasia, , ,**

Mailing Address 2750 Homecrest Ave  
Apt 403

City  
Brooklyn

State  
NY

Zip Code  
11235-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community Hospital

Occupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9873956**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rimpel, Alasia, , ,**

Mailing Address 2750 Homecrest Ave  
Apt 403

City  
Brooklyn

State  
NY

Zip Code  
11235-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community Hospital

Occupation (for Individual)  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9879136**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2286 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivas, Leslie, , ,**

Mailing Address 821 Trinity Ave  
Apt A

City  
Bronx

State  
NY

Zip Code  
10456-7754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9877592**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivas, Leslie, , ,**

Mailing Address 821 Trinity Ave  
Apt A

City  
Bronx

State  
NY

Zip Code  
10456-7754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9877593**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivas, Leslie, , ,**

Mailing Address 821 Trinity Ave  
Apt A

City  
Bronx

State  
NY

Zip Code  
10456-7754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai West

Occupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9877594**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2287 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivas, Leslie, , ,**Mailing Address 821 Trinity Ave  
Apt ACity  
BronxState  
NYZip Code  
10456-7754FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9877595

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivas, Leslie, , ,**Mailing Address 821 Trinity Ave  
Apt ACity  
BronxState  
NYZip Code  
10456-7754FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876622

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivas, Leslie, , ,**Mailing Address 821 Trinity Ave  
Apt ACity  
BronxState  
NYZip Code  
10456-7754FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Business Associate-MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877591

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2288 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera De Jimenez, Patricia, , ,**

Mailing Address 163 W Chester St

City  
Long Beach

State  
NY

Zip Code  
11561-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

07 / 07 / 2025

**Transaction ID : 9876475**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera De Jimenez, Patricia, , ,**

Mailing Address 163 W Chester St

City  
Long Beach

State  
NY

Zip Code  
11561-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

08 / 07 / 2025

**Transaction ID : 9876476**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera De Jimenez, Patricia, , ,**

Mailing Address 163 W Chester St

City  
Long Beach

State  
NY

Zip Code  
11561-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext Care

Occupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

09 / 09 / 2025

**Transaction ID : 9876478**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2289 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera De Jimenez, Patricia, , ,**

Mailing Address 163 W Chester St

City  
Long BeachState  
NYZip Code  
11561-1912FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876474

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera De Jimenez, Patricia, , ,**

Mailing Address 163 W Chester St

City  
Long BeachState  
NYZip Code  
11561-1912FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ave Ext CareOccupation (for Individual)  
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876477

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera Perez, Fabiola, , ,**

Mailing Address 746 E Fairview St

City  
BethlehemState  
PAZip Code  
18018-4408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881900

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2290 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera Perez, Fabiola, , ,**

Mailing Address 746 E Fairview St

City  
BethlehemState  
PAZip Code  
18018-4408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881901

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera Perez, Fabiola, , ,**

Mailing Address 746 E Fairview St

City  
BethlehemState  
PAZip Code  
18018-4408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874380

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera Perez, Fabiola, , ,**

Mailing Address 746 E Fairview St

City  
BethlehemState  
PAZip Code  
18018-4408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9881898

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2291 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera Perez, Fabiola, , ,**

Mailing Address 746 E Fairview St

City  
BethlehemState  
PAZip Code  
18018-4408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera Perez, Fabiola, , ,**

Mailing Address 746 E Fairview St

City  
BethlehemState  
PAZip Code  
18018-4408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9881899

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera, Nancy, , ,**Mailing Address 454 E 148th St  
Apt 18City  
BronxState  
NYZip Code  
10455-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880961

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2292 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera, Nancy, , ,**Mailing Address 454 E 148th St  
Apt 18City  
BronxState  
NYZip Code  
10455-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880962

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera, Nancy, , ,**Mailing Address 454 E 148th St  
Apt 18City  
BronxState  
NYZip Code  
10455-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876169

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera, Nancy, , ,**Mailing Address 454 E 148th St  
Apt 18City  
BronxState  
NYZip Code  
10455-2849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880959

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2293 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera, Nancy, , ,**

Mailing Address 454 E 148th St  
Apt 18

City  
Bronx

State  
NY

Zip Code  
10455-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876170**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera, Nancy, , ,**

Mailing Address 454 E 148th St  
Apt 18

City  
Bronx

State  
NY

Zip Code  
10455-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9880960**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera, Neyra, , ,**

Mailing Address 135 Glendale Park  
Null

City  
Rochester

State  
NY

Zip Code  
14613-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)  
Environmental Svcs Wkr, Wk Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

234.61

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9873375**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2294 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Rivera, Neyra, , ,</b></p> <p>Mailing Address 135 Glendale Park<br/>Null</p> <p>City Rochester State NY Zip Code 14613-2240</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Strong Memorial Hosp-Univ of Rochester Occupation (for Individual) Environmental Svcs Wkr, Wk Ldr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.61</p> |  |  | <p>Date of Receipt</p> <p><b>11 / 19 / 2025</b></p> <p><b>Transaction ID : 9881798</b></p> <p>Amount of Each Receipt this Period 20.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Rivera, Neyra, , ,</b></p> <p>Mailing Address 135 Glendale Park<br/>Null</p> <p>City Rochester State NY Zip Code 14613-2240</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Strong Memorial Hosp-Univ of Rochester Occupation (for Individual) Environmental Svcs Wkr, Wk Ldr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.61</p> |  |  | <p>Date of Receipt</p> <p><b>12 / 19 / 2025</b></p> <p><b>Transaction ID : 9873376</b></p> <p>Amount of Each Receipt this Period 20.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Rivera, Neyra, , ,</b></p> <p>Mailing Address 135 Glendale Park<br/>Null</p> <p>City Rochester State NY Zip Code 14613-2240</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Strong Memorial Hosp-Univ of Rochester Occupation (for Individual) Environmental Svcs Wkr, Wk Ldr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.61</p> |  |  | <p>Date of Receipt</p> <p><b>12 / 19 / 2025</b></p> <p><b>Transaction ID : 9881799</b></p> <p>Amount of Each Receipt this Period 20.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  | 60.00                                                                                                                                                                                |
| <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                                      |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2295 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera, Omar, , ,**

Mailing Address 672 Beck St

City  
BronxState  
NYZip Code  
10455-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877583

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera, Omar, , ,**

Mailing Address 672 Beck St

City  
BronxState  
NYZip Code  
10455-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera, Omar, , ,**

Mailing Address 672 Beck St

City  
BronxState  
NYZip Code  
10455-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877586

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2296 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivera, Omar, , ,**

Mailing Address 672 Beck St

City  
BronxState  
NYZip Code  
10455-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875308

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivera, Omar, , ,**

Mailing Address 672 Beck St

City  
BronxState  
NYZip Code  
10455-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9877582

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivera, Omar, , ,**

Mailing Address 672 Beck St

City  
BronxState  
NYZip Code  
10455-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Service Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877584

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2297 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
KissimmeeState  
FLZip Code  
34746-2176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9875198

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
KissimmeeState  
FLZip Code  
34746-2176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9875199

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
KissimmeeState  
FLZip Code  
34746-2176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9875200

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2298 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
Kissimmee

State  
FL

Zip Code  
34746-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

**08 / 15 / 2025**

**Transaction ID : 9875201**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
Kissimmee

State  
FL

Zip Code  
34746-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

**09 / 12 / 2025**

**Transaction ID : 9875202**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
Kissimmee

State  
FL

Zip Code  
34746-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

**09 / 26 / 2025**

**Transaction ID : 9875203**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2299 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
Kissimmee

State  
FL

Zip Code  
34746-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

**11 / 07 / 2025**

**Transaction ID : 9875204**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rivette, Saradgine, , ,**

Mailing Address 2820 Marshfield Preserve Way

City  
Kissimmee

State  
FL

Zip Code  
34746-2176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Osceola Hospital

Occupation (for Individual)  
Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

**11 / 21 / 2025**

**Transaction ID : 9875205**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robert, Fabienne, , ,**

Mailing Address 48 Winthrop St

Null

City  
Hempstead

State  
NY

Zip Code  
11550-6854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Best Care, INC.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**07 / 22 / 2025**

**Transaction ID : 9879818**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2300 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robert, Fabienne, , ,**

Mailing Address 48 Winthrop St  
Null

City  
Hempstead

State  
NY

Zip Code  
11550-6854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Care, INC.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

**Transaction ID : 9879819**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robert, Fabienne, , ,**

Mailing Address 48 Winthrop St  
Null

City  
Hempstead

State  
NY

Zip Code  
11550-6854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Care, INC.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

**Transaction ID : 9879820**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robert, Fabienne, , ,**

Mailing Address 48 Winthrop St  
Null

City  
Hempstead

State  
NY

Zip Code  
11550-6854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Care, INC.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876651**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2301 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robert, Fabienne, , ,**Mailing Address 48 Winthrop St  
NullCity  
HempsteadState  
NYZip Code  
11550-6854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Care, INC.Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9879817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roberts, Dominique, , ,**

Mailing Address 112 Flower Rd

City  
Mastic BeachState  
NYZip Code  
11951-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9876790

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roberts, Dominique, , ,**

Mailing Address 112 Flower Rd

City  
Mastic BeachState  
NYZip Code  
11951-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9876791

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2302 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roberts, Dominique, , ,**

Mailing Address 112 Flower Rd

City  
Mastic Beach

State  
NY

Zip Code  
11951-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 22 / 2025

**Transaction ID : 9876792**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roberts, Lisa, , ,**

Mailing Address 918 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Residential Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 22 / 2025

**Transaction ID : 9878883**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roberts, Lisa, , ,**

Mailing Address 918 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Residential Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 14 / 2025

**Transaction ID : 9878884**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2303 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roberts, Lisa, , ,**

Mailing Address 918 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Residential Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9878885**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roberts, Lisa, , ,**

Mailing Address 918 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Residential Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 16 / 2025

**Transaction ID : 9878886**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roberts, Lisa, , ,**

Mailing Address 918 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Residential Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 18 / 2025

**Transaction ID : 9874394**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2304 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roberts, Lisa, , ,**

Mailing Address 918 Thomas S Boyland St

City  
Brooklyn

State  
NY

Zip Code  
11212-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Residential Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9878882**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Darryl, , ,**

Mailing Address 2855 8th Ave  
FI 1

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.

Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9880722**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Darryl, , ,**

Mailing Address 2855 8th Ave  
FI 1

City  
Jamaica

State  
NY

Zip Code  
11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.

Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2025

**Transaction ID : 9880723**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2305 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Darryl, , ,**Mailing Address 2855 8th Ave  
FI 1City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9880724

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Darryl, , ,**Mailing Address 2855 8th Ave  
FI 1City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9880725

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Darryl, , ,**Mailing Address 2855 8th Ave  
FI 1City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9874480

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2306 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Darryl, , ,**Mailing Address 2855 8th Ave  
FL 1City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heritage Health & Housing, Inc.Occupation (for Individual)  
Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880721

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877841

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9877843

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2307 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877844

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875133

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9877840

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2308 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877842

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Diana, , ,**

Mailing Address 1465 E 233rd St

City  
BronxState  
NYZip Code  
10466-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9877806

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Loshawn, , ,**

Mailing Address 947 E 83rd St

FI 1

City  
BrooklynState  
NYZip Code  
11236-3812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Nursing Attendant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879187

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2309 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Loshawn, , ,**Mailing Address 947 E 83rd St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Nursing Attendant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879188

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Loshawn, , ,**Mailing Address 947 E 83rd St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Nursing Attendant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879189

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Loshawn, , ,**Mailing Address 947 E 83rd St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Nursing Attendant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875921

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2310 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Loshawn, , ,**Mailing Address 947 E 83rd St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Nursing Attendant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879186

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Loshawn, , ,**Mailing Address 947 E 83rd St  
FI 1City  
BrooklynState  
NYZip Code  
11236-3812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai MorningsideOccupation (for Individual)  
Nursing Attendant-STL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879190

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City  
Port Saint LucieState  
FLZip Code  
34986-4347FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Aventura HospitalOccupation (for Individual)  
Certified Respiratory Therapy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882442

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2311 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City

Port Saint Lucie

State

FL

Zip Code

34986-4347

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Aventura Hospital

Occupation (for Individual)

Certified Respiratory Therapy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2025        |

Transaction ID : 9882443

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City

Port Saint Lucie

State

FL

Zip Code

34986-4347

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Aventura Hospital

Occupation (for Individual)

Certified Respiratory Therapy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 01    |   | 2025        |

Transaction ID : 9882444

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City

Port Saint Lucie

State

FL

Zip Code

34986-4347

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Aventura Hospital

Occupation (for Individual)

Certified Respiratory Therapy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

Transaction ID : 9874868

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2312 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City

Port Saint Lucie

State

FL

Zip Code

34986-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Aventura Hospital

Occupation (for Individual)

Certified Respiratory Therapy Tech

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882440

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City

Port Saint Lucie

State

FL

Zip Code

34986-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Aventura Hospital

Occupation (for Individual)

Certified Respiratory Therapy Tech

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874869

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roche, Roosevelt, , ,**

Mailing Address 1145 NW Leonardo Cir

City

Port Saint Lucie

State

FL

Zip Code

34986-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Aventura Hospital

Occupation (for Individual)

Certified Respiratory Therapy Tech

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882441

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2313 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez Vasquez, Julibel, , ,**Mailing Address 1904 Loring Pl S  
Apt 3CCity  
BronxState  
NYZip Code  
10453-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shield InstituteOccupation (for Individual)  
clerk typist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877569

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez Vasquez, Julibel, , ,**Mailing Address 1904 Loring Pl S  
Apt 3CCity  
BronxState  
NYZip Code  
10453-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shield InstituteOccupation (for Individual)  
clerk typist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9877570

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez Vasquez, Julibel, , ,**Mailing Address 1904 Loring Pl S  
Apt 3CCity  
BronxState  
NYZip Code  
10453-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shield InstituteOccupation (for Individual)  
clerk typist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877571

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2314 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez Vasquez, Julibel, , ,**Mailing Address 1904 Loring Pl S  
Apt 3CCity  
BronxState  
NYZip Code  
10453-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shield InstituteOccupation (for Individual)  
clerk typist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9877572

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez Vasquez, Julibel, , ,**Mailing Address 1904 Loring Pl S  
Apt 3CCity  
BronxState  
NYZip Code  
10453-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shield InstituteOccupation (for Individual)  
clerk typist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9876078

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez Vasquez, Julibel, , ,**Mailing Address 1904 Loring Pl S  
Apt 3CCity  
BronxState  
NYZip Code  
10453-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shield InstituteOccupation (for Individual)  
clerk typist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9877568

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2315 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Barbara, , ,**Mailing Address 1000 Grand Concourse  
Apt 8DCity  
BronxState  
NYZip Code  
10451-2660FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Offsite Medical Office Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9876526

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Brian, , ,**

Mailing Address 703 Salem Ave

City

Elizabeth

State

NJ

Zip Code

07208-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881672

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Brian, , ,**

Mailing Address 703 Salem Ave

City

Elizabeth

State

NJ

Zip Code

07208-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2025

Transaction ID : 9876837

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2316 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Brian, , ,**

Mailing Address 703 Salem Ave

City  
Elizabeth

State  
NJ

Zip Code  
07208-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 16 / 2025

Transaction ID : 9881669

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Brian, , ,**

Mailing Address 703 Salem Ave

City  
Elizabeth

State  
NJ

Zip Code  
07208-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 08 / 2025

Transaction ID : 9881671

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Brian, , ,**

Mailing Address 703 Salem Ave

City  
Elizabeth

State  
NJ

Zip Code  
07208-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walgreens

Occupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 19 / 2025

Transaction ID : 9876838

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2317 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Brian, , ,**

Mailing Address 703 Salem Ave

City  
ElizabethState  
NJZip Code  
07208-2341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WalgreensOccupation (for Individual)  
Shift Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881670

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Lisa, , ,**

Mailing Address 2 Bronner Rd

City  
BloomingburgState  
NYZip Code  
12721-4501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880607

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Lisa, , ,**

Mailing Address 2 Bronner Rd

City  
BloomingburgState  
NYZip Code  
12721-4501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880606

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2318 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Lisa, , ,**

Mailing Address 2 Bronner Rd

City  
BloomingtonState  
NYZip Code  
12721-4501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9880426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Lisa, , ,**

Mailing Address 2 Bronner Rd

City  
BloomingtonState  
NYZip Code  
12721-4501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9881200

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Lisa, , ,**

Mailing Address 2 Bronner Rd

City  
BloomingtonState  
NYZip Code  
12721-4501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875156

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2319 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Lisa, , ,**

Mailing Address 2 Bronner Rd

City  
BloomingtonState  
NYZip Code  
12721-4501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9880605

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Selena, , ,**Mailing Address 1908 Belmont Ave  
Apt 5GCity  
BronxState  
NYZip Code  
10457-6349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873579

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Selena, , ,**Mailing Address 1908 Belmont Ave  
Apt 5GCity  
BronxState  
NYZip Code  
10457-6349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bronx Center For Rehabilitation & HealOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9873580

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2320 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Skylynn, , ,**

Mailing Address 15011 126th St

City  
South Ozone ParkState  
NYZip Code  
11420-4267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell BethpageOccupation (for Individual)  
Sterile Processing Tech (CS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879542

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Skylynn, , ,**

Mailing Address 15011 126th St

City  
South Ozone ParkState  
NYZip Code  
11420-4267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell BethpageOccupation (for Individual)  
Sterile Processing Tech (CS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879543

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Skylynn, , ,**

Mailing Address 15011 126th St

City  
South Ozone ParkState  
NYZip Code  
11420-4267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell BethpageOccupation (for Individual)  
Sterile Processing Tech (CS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879544

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2321 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Skylynn, , ,**

Mailing Address 15011 126th St

City  
South Ozone ParkState  
NYZip Code  
11420-4267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell BethpageOccupation (for Individual)  
Sterile Processing Tech (CS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876384

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Skylynn, , ,**

Mailing Address 15011 126th St

City  
South Ozone ParkState  
NYZip Code  
11420-4267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell BethpageOccupation (for Individual)  
Sterile Processing Tech (CS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879541

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Yinelsi, , ,**Mailing Address 75 Hearst St  
Apt BASEMENTCity  
YonkersState  
NYZip Code  
10703-1025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881345

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2322 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Yinelsi, , ,**

Mailing Address 75 Hearst St  
Apt BASEMENT

City  
Yonkers

State  
NY

Zip Code  
10703-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2025

Transaction ID : 9881346

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Yinelsi, , ,**

Mailing Address 75 Hearst St  
Apt BASEMENT

City  
Yonkers

State  
NY

Zip Code  
10703-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9876284

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Yinelsi, , ,**

Mailing Address 75 Hearst St  
Apt BASEMENT

City  
Yonkers

State  
NY

Zip Code  
10703-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 10 / 2025

Transaction ID : 9881343

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2323 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Yinelsi, , ,**Mailing Address 75 Hearst St  
Apt BASEMENTCity  
YonkersState  
NYZip Code  
10703-1025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876285

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Yinelsi, , ,**Mailing Address 75 Hearst St  
Apt BASEMENTCity  
YonkersState  
NYZip Code  
10703-1025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881344

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Jamal, , ,**

Mailing Address 11507 145th St

City  
JamaicaState  
NYZip Code  
11436-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Housekeeping Worker - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879758

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2324 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Jamal, , ,**

Mailing Address 11507 145th St

City  
JamaicaState  
NYZip Code  
11436-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Housekeeping Worker - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879759

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Jamal, , ,**

Mailing Address 11507 145th St

City  
JamaicaState  
NYZip Code  
11436-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Housekeeping Worker - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876541

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Jamal, , ,**

Mailing Address 11507 145th St

City  
JamaicaState  
NYZip Code  
11436-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Housekeeping Worker - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9879756

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2325 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Jamal, , ,**

Mailing Address 11507 145th St

City  
JamaicaState  
NYZip Code  
11436-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Housekeeping Worker - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876542

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Jamal, , ,**

Mailing Address 11507 145th St

City  
JamaicaState  
NYZip Code  
11436-1142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Housekeeping Worker - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879757

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Yasmeen, , ,**Mailing Address 2947 W 28th St  
Apt 806ACity  
BrooklynState  
NYZip Code  
11224-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9873934

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2326 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Yasmeen, , ,**

Mailing Address 2947 W 28th St  
Apt 806A

City  
Brooklyn

State  
NY

Zip Code  
11224-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 19 / 2025

Transaction ID : 9878992

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Yasmeen, , ,**

Mailing Address 2947 W 28th St  
Apt 806A

City  
Brooklyn

State  
NY

Zip Code  
11224-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9873935

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Yasmeen, , ,**

Mailing Address 2947 W 28th St  
Apt 806A

City  
Brooklyn

State  
NY

Zip Code  
11224-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New York

Occupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9878993

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2327 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Yasmeen, , ,**Mailing Address 2947 W 28th St  
Apt 806ACity  
BrooklynState  
NYZip Code  
11224-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9873936

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Yasmeen, , ,**Mailing Address 2947 W 28th St  
Apt 806ACity  
BrooklynState  
NYZip Code  
11224-2088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater New YorkOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9878995

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romano, Francesca, , ,**

Mailing Address 3075 Timothy Rd

City  
BellmoreState  
NYZip Code  
11710-5225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874745

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2328 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romano, Francesca, , ,**

Mailing Address 3075 Timothy Rd

City  
BellmoreState  
NYZip Code  
11710-5225FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025**Transaction ID : 9880139**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romano, Francesca, , ,**

Mailing Address 3075 Timothy Rd

City  
BellmoreState  
NYZip Code  
11710-5225FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025**Transaction ID : 9874746**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romano, Francesca, , ,**

Mailing Address 3075 Timothy Rd

City  
BellmoreState  
NYZip Code  
11710-5225FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025**Transaction ID : 9880140**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2329 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romano, Francesca, , ,**

Mailing Address 3075 Timothy Rd

City  
BellmoreState  
NYZip Code  
11710-5225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874747

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romano, Francesca, , ,**

Mailing Address 3075 Timothy Rd

City  
BellmoreState  
NYZip Code  
11710-5225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9880141

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romelus, Constance, , ,**

Mailing Address 940 E 45th St

City  
BrooklynState  
NYZip Code  
11203-6512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882533

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2330 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romelus, Constance, , ,**

Mailing Address 940 E 45th St

City  
BrooklynState  
NYZip Code  
11203-6512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882534

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romelus, Constance, , ,**

Mailing Address 940 E 45th St

City  
BrooklynState  
NYZip Code  
11203-6512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875491

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romelus, Constance, , ,**

Mailing Address 940 E 45th St

City  
BrooklynState  
NYZip Code  
11203-6512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882531

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2331 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romelus, Constance, , ,**

Mailing Address 940 E 45th St

City  
BrooklynState  
NYZip Code  
11203-6512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875492

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romelus, Constance, , ,**

Mailing Address 940 E 45th St

City  
BrooklynState  
NYZip Code  
11203-6512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882532

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romero, Carmen, , ,**Mailing Address 1174 Sheridan Ave  
Apt 24City  
BronxState  
NYZip Code  
10456-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881181

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2332 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romero, Carmen, , ,**Mailing Address 1174 Sheridan Ave  
Apt 24City  
BronxState  
NYZip Code  
10456-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881182

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romero, Carmen, , ,**Mailing Address 1174 Sheridan Ave  
Apt 24City  
BronxState  
NYZip Code  
10456-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876245

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romero, Carmen, , ,**Mailing Address 1174 Sheridan Ave  
Apt 24City  
BronxState  
NYZip Code  
10456-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881179

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2333 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romero, Carmen, , ,**Mailing Address 1174 Sheridan Ave  
Apt 24City  
BronxState  
NYZip Code  
10456-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876246

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romero, Carmen, , ,**Mailing Address 1174 Sheridan Ave  
Apt 24City  
BronxState  
NYZip Code  
10456-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
FAMILY HEALTH WORKER W

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881180

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romero, Julio Cesar, , ,**

Mailing Address 5 Tamarack Rd

City  
Rocky PointState  
NYZip Code  
11778-8864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880284

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2334 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romero, Julio Cesar, , ,**

Mailing Address 5 Tamarack Rd

City  
Rocky Point

State  
NY

Zip Code  
11778-8864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9880285

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romero, Julio Cesar, , ,**

Mailing Address 5 Tamarack Rd

City  
Rocky Point

State  
NY

Zip Code  
11778-8864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9875571

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romero, Julio Cesar, , ,**

Mailing Address 5 Tamarack Rd

City  
Rocky Point

State  
NY

Zip Code  
11778-8864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical Center

Occupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9880282

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2335 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romero, Julio Cesar, , ,**

Mailing Address 5 Tamarack Rd

City  
Rocky PointState  
NYZip Code  
11778-8864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9875572

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romero, Julio Cesar, , ,**

Mailing Address 5 Tamarack Rd

City  
Rocky PointState  
NYZip Code  
11778-8864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peconic Bay Medical CenterOccupation (for Individual)  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9880283

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ronaldson, Jessica, , ,**

Mailing Address 283 N Kaisertown Rd

City  
MontgomeryState  
NYZip Code  
12549-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse Mother/Baby

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880486

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2336 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ronaldson, Jessica, , ,**

Mailing Address 283 N Kaisertown Rd

City  
MontgomeryState  
NYZip Code  
12549-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse Mother/Baby

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880487

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ronaldson, Jessica, , ,**

Mailing Address 283 N Kaisertown Rd

City  
MontgomeryState  
NYZip Code  
12549-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse Mother/Baby

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9880488

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ronaldson, Jessica, , ,**

Mailing Address 283 N Kaisertown Rd

City  
MontgomeryState  
NYZip Code  
12549-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse Mother/Baby

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880489

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2337 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ronaldson, Jessica, , ,**

Mailing Address 283 N Kaisertown Rd

City  
MontgomeryState  
NYZip Code  
12549-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse Mother/Baby

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9874353

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ronaldson, Jessica, , ,**

Mailing Address 283 N Kaisertown Rd

City  
MontgomeryState  
NYZip Code  
12549-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical Center (RN)Occupation (for Individual)  
Registered Nurse Mother/Baby

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9880485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedwald Center for Rehab & Nursing LOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878526

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2338 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedwald Center for Rehab & Nursing LOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9875994

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedwald Center for Rehab & Nursing LOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9878532

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedwald Center for Rehab & Nursing LOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878527

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2339 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Friedwald Center for Rehab &amp; Nursing L

Occupation (for Individual)

DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875995

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Friedwald Center for Rehab &amp; Nursing L

Occupation (for Individual)

DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878533

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Friedwald Center for Rehab &amp; Nursing L

Occupation (for Individual)

DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873906

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2340 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roque, Isabel, , ,**

Mailing Address 258 Sneden Pl W

Null

City  
Spring ValleyState  
NYZip Code  
10977-3972FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedwald Center for Rehab & Nursing LOccupation (for Individual)  
DIETARY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878525

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882418

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882419

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2341 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9875147

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9882415

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875148

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2342 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882416

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875149

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosario, Luis, , ,**

Mailing Address 1851 Rain Lily Pl

City  
Saint CloudState  
FLZip Code  
34771-8557FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Osceola HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882417

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2343 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosarion, Phedre Line, , ,**

Mailing Address 1204 E 95th St

City  
BrooklynState  
NYZip Code  
11236-3974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9873417

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosarion, Phedre Line, , ,**

Mailing Address 1204 E 95th St

City  
BrooklynState  
NYZip Code  
11236-3974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9873418

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosarion, Phedre Line, , ,**

Mailing Address 1204 E 95th St

City  
BrooklynState  
NYZip Code  
11236-3974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9873419

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2344 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosarion, Phedre Line, , ,**

Mailing Address 1204 E 95th St

City  
BrooklynState  
NYZip Code  
11236-3974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9873420

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosarion, Phedre Line, , ,**

Mailing Address 1204 E 95th St

City  
BrooklynState  
NYZip Code  
11236-3974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873421

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosarion, Phedre Line, , ,**

Mailing Address 1204 E 95th St

City  
BrooklynState  
NYZip Code  
11236-3974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nurse Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873422

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2345 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ross, Destiny, , ,**

Mailing Address 2603 Cecil Ave

Null

City  
BaltimoreState  
MDZip Code  
21218-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins HospitalOccupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881990

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ross, Destiny, , ,**

Mailing Address 2603 Cecil Ave

Null

City  
BaltimoreState  
MDZip Code  
21218-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins HospitalOccupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9881987

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ross, Destiny, , ,**

Mailing Address 2603 Cecil Ave

Null

City  
BaltimoreState  
MDZip Code  
21218-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins HospitalOccupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881988

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2346 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ross, Destiny, , ,**

Mailing Address 2603 Cecil Ave

Null

City  
Baltimore

State  
MD

Zip Code  
21218-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins Hospital

Occupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9881991**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ross, Destiny, , ,**

Mailing Address 2603 Cecil Ave

Null

City  
Baltimore

State  
MD

Zip Code  
21218-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins Hospital

Occupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

**Transaction ID : 9881989**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ross, Destiny, , ,**

Mailing Address 2603 Cecil Ave

Null

City  
Baltimore

State  
MD

Zip Code  
21218-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins Hospital

Occupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9875940**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2347 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ross, Destiny, , ,**Mailing Address 2603 Cecil Ave  
NullCity  
BaltimoreState  
MDZip Code  
21218-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins HospitalOccupation (for Individual)  
Unit Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9881986

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ross-Welds, Chrystol, , ,**

Mailing Address 18 N Bond St

City

Mount Vernon

State  
NYZip Code  
10550-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878212

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ross-Welds, Chrystol, , ,**

Mailing Address 18 N Bond St

City

Mount Vernon

State  
NYZip Code  
10550-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878211

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2348 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ross-Welds, Chrystol, , ,**

Mailing Address 18 N Bond St

City

Mount Vernon

State

NY

Zip Code

10550-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St John's Riverside Hospital

Occupation (for Individual)

NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 14 / 2025

Transaction ID : 9875141

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ross-Welds, Chrystol, , ,**

Mailing Address 18 N Bond St

City

Mount Vernon

State

NY

Zip Code

10550-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St John's Riverside Hospital

Occupation (for Individual)

NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 14 / 2025

Transaction ID : 9878209

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ross-Welds, Chrystol, , ,**

Mailing Address 18 N Bond St

City

Mount Vernon

State

NY

Zip Code

10550-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St John's Riverside Hospital

Occupation (for Individual)

NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 17 / 2025

Transaction ID : 9875142

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2349 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ross-Welds, Chrystol, , ,**

Mailing Address 18 N Bond St

City

Mount Vernon

State

NY

Zip Code

10550-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St John's Riverside Hospital

Occupation (for Individual)

NURSING ASSISTANT (ANDRUS)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878210

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roth, Marybeth, , ,**

Mailing Address 27 Gotham St

City

Valley Stream

State

NY

Zip Code

11581-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

MSW-Social Worker (LJ)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879956

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roth, Marybeth, , ,**

Mailing Address 27 Gotham St

City

Valley Stream

State

NY

Zip Code

11581-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hillside Division of LIJ &amp; CRA

Occupation (for Individual)

MSW-Social Worker (LJ)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879957

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2350 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roth, Marybeth, , ,**

Mailing Address 27 Gotham St

City  
Valley StreamState  
NYZip Code  
11581-3239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874732

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roth, Marybeth, , ,**

Mailing Address 27 Gotham St

City  
Valley StreamState  
NYZip Code  
11581-3239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879954

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roth, Marybeth, , ,**

Mailing Address 27 Gotham St

City  
Valley StreamState  
NYZip Code  
11581-3239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874733

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2351 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roth, Marybeth, , ,**

Mailing Address 27 Gotham St

City  
Valley StreamState  
NYZip Code  
11581-3239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hillside Division of LIJ & CRAOccupation (for Individual)  
MSW-Social Worker (LJ)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879955

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rountree, Isaac, , ,**

Mailing Address 2511 1st Ave E

City  
PalmettoState  
FLZip Code  
34221-2501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Blake HospitalOccupation (for Individual)  
Floor Care Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9875562

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rountree, Isaac, , ,**

Mailing Address 2511 1st Ave E

City  
PalmettoState  
FLZip Code  
34221-2501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Blake HospitalOccupation (for Individual)  
Floor Care Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9875564

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2352 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rountree, Isaac, , ,**

Mailing Address 2511 1st Ave E

City  
PalmettoState  
FLZip Code  
34221-2501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Blake HospitalOccupation (for Individual)  
Floor Care Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9875561

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rountree, Isaac, , ,**

Mailing Address 2511 1st Ave E

City  
PalmettoState  
FLZip Code  
34221-2501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Blake HospitalOccupation (for Individual)  
Floor Care Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875563

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowe, Cislyn, , ,**

Mailing Address 3202 Hering Ave

Null

City  
BronxState  
NYZip Code  
10469-5004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9877954

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2353 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rowe, Cislyn, , ,**

Mailing Address 3202 Hering Ave

Null

City  
BronxState  
NYZip Code  
10469-5004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 15 2025

Transaction ID : 9875884

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rowe, Cislyn, , ,**

Mailing Address 3202 Hering Ave

Null

City  
BronxState  
NYZip Code  
10469-5004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 15 2025

Transaction ID : 9877951

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowe, Cislyn, , ,**

Mailing Address 3202 Hering Ave

Null

City  
BronxState  
NYZip Code  
10469-5004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 12 2025

Transaction ID : 9877953

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2354 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                            |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Rowe, Cislyn, , ,</b>                  |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9875885</b> |  |
| Mailing Address 3202 Hering Ave<br>Null                                                                                         |             |                                                            | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10469-5004                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |
| Name of Employer (for Individual)<br>Glen Island Care Center                                                                    |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                            |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Rowe, Cislyn, , ,</b>                  |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9877952</b> |  |
| Mailing Address 3202 Hering Ave<br>Null                                                                                         |             |                                                            | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10469-5004                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |
| Name of Employer (for Individual)<br>Glen Island Care Center                                                                    |             | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                            |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Rowe, Jayson, , ,</b>                  |             |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 18 / 2025<br><b>Transaction ID : 9879973</b> |  |
| Mailing Address 4 Brookfield Rd<br>Null                                                                                         |             |                                                            | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Valley Stream                                                                                                           | State<br>NY | Zip Code<br>11581-2926                                     | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |
| Name of Employer (for Individual)<br>South Oaks Hospital                                                                        |             | Occupation (for Individual)<br>Licensed Practical Nurse    |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                            |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                            | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                            |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2355 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                 |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Rowe, Jayson, , ,</b>                  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 13 / 2025<br><b>Transaction ID : 9879974</b> |                                    |
| Mailing Address 4 Brookfield Rd<br>Null                                                                                         |             | Amount of Each Receipt this Period<br>20.00                                                     |                                    |
| City<br>Valley Stream                                                                                                           | State<br>NY | Zip Code<br>11581-2926                                                                          | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                 |                                    |
| Name of Employer (for Individual)<br>South Oaks Hospital                                                                        |             | Occupation (for Individual)<br>Licensed Practical Nurse                                         |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                              |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Rowe, Jayson, , ,</b>                  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 19 / 2025<br><b>Transaction ID : 9876347</b> |                                    |
| Mailing Address 4 Brookfield Rd<br>Null                                                                                         |             | Amount of Each Receipt this Period<br>20.00                                                     |                                    |
| City<br>Valley Stream                                                                                                           | State<br>NY | Zip Code<br>11581-2926                                                                          | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                 |                                    |
| Name of Employer (for Individual)<br>South Oaks Hospital                                                                        |             | Occupation (for Individual)<br>Licensed Practical Nurse                                         |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                                                              |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Rowe, Jayson, , ,</b>                  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 19 / 2025<br><b>Transaction ID : 9879971</b> |                                    |
| Mailing Address 4 Brookfield Rd<br>Null                                                                                         |             | Amount of Each Receipt this Period<br>20.00                                                     |                                    |
| City<br>Valley Stream                                                                                                           | State<br>NY | Zip Code<br>11581-2926                                                                          | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                 |                                    |
| Name of Employer (for Individual)<br>South Oaks Hospital                                                                        |             | Occupation (for Individual)<br>Licensed Practical Nurse                                         |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                                                              |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                           |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                 |                                    |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2356 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rowe, Jayson, , ,**Mailing Address 4 Brookfield Rd  
NullCity  
Valley StreamState  
NYZip Code  
11581-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876348

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rowe, Jayson, , ,**Mailing Address 4 Brookfield Rd  
NullCity  
Valley StreamState  
NYZip Code  
11581-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Oaks HospitalOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879972

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruiz, Epy, , ,**Mailing Address 499 E 142nd St  
Apt 1CCity  
BronxState  
NYZip Code  
10454-2132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Joseph P. Addabbo Family Health CenterOccupation (for Individual)  
case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880816

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2357 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruiz, Epy, , ,**Mailing Address 499 E 142nd St  
Apt 1CCity  
BronxState  
NYZip Code  
10454-2132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Joseph P. Addabbo Family Health CenterOccupation (for Individual)  
case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ruiz, Epy, , ,**Mailing Address 499 E 142nd St  
Apt 1CCity  
BronxState  
NYZip Code  
10454-2132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Joseph P. Addabbo Family Health CenterOccupation (for Individual)  
case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880818

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruiz, Epy, , ,**Mailing Address 499 E 142nd St  
Apt 1CCity  
BronxState  
NYZip Code  
10454-2132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Joseph P. Addabbo Family Health CenterOccupation (for Individual)  
case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873945

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2358 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruiz, Epy, , ,**Mailing Address 499 E 142nd St  
Apt 1CCity  
BronxState  
NYZip Code  
10454-2132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Joseph P. Addabbo Family Health CenterOccupation (for Individual)  
case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9880815

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876440

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9876441

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2359 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9876439

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : 9876443

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9876442

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2360 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9876444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2025

Transaction ID : 9876446

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9876445

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2361 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Runkle, Amelia, , ,**

Mailing Address 1047 Albee Farm Rd

City  
VeniceState  
FLZip Code  
34285-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aviata at VeniceOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9876447

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ruperto Ruiz, Vilmaris, , ,**Mailing Address 102 Middlebury Rd  
NullCity  
MiddleburyState  
CTZip Code  
06762-2701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Dialysis ManagementOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882447

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruperto Ruiz, Vilmaris, , ,**Mailing Address 102 Middlebury Rd  
NullCity  
MiddleburyState  
CTZip Code  
06762-2701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Dialysis ManagementOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9882448

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2362 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruperto Ruiz, Vilmaris, , ,**Mailing Address 102 Middlebury Rd  
NullCity  
MiddleburyState  
CTZip Code  
06762-2701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Dialysis ManagementOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875082

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ruperto Ruiz, Vilmaris, , ,**Mailing Address 102 Middlebury Rd  
NullCity  
MiddleburyState  
CTZip Code  
06762-2701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Dialysis ManagementOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9882445

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruperto Ruiz, Vilmaris, , ,**Mailing Address 102 Middlebury Rd  
NullCity  
MiddleburyState  
CTZip Code  
06762-2701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Dialysis ManagementOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9875083

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2363 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruperto Ruiz, Vilmaris, , ,**Mailing Address 102 Middlebury Rd  
NullCity  
MiddleburyState  
CTZip Code  
06762-2701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Dialysis ManagementOccupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9882446

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Romeo, , ,**Mailing Address 235 E 149th St  
Apt 5ECity  
BronxState  
NYZip Code  
10451-5529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Materials Associate, Operating Room

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877515

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Russell, Romeo, , ,**Mailing Address 235 E 149th St  
Apt 5ECity  
BronxState  
NYZip Code  
10451-5529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Materials Associate, Operating Room

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877516

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2364 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Russell, Romeo, , ,**Mailing Address 235 E 149th St  
Apt 5ECity  
BronxState  
NYZip Code  
10451-5529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Materials Associate, Operating Room

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877517

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Romeo, , ,**Mailing Address 235 E 149th St  
Apt 5ECity  
BronxState  
NYZip Code  
10451-5529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Materials Associate, Operating Room

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877518

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Russell, Romeo, , ,**Mailing Address 235 E 149th St  
Apt 5ECity  
BronxState  
NYZip Code  
10451-5529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Materials Associate, Operating Room

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876088

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2365 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Russell, Romeo, , ,**Mailing Address 235 E 149th St  
Apt 5ECity  
BronxState  
NYZip Code  
10451-5529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Materials Associate, Operating Room

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877514

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Steven, , ,**

Mailing Address PO Box 2434

City  
SanfordState  
FLZip Code  
32772-2434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe HHSOccupation (for Individual)  
Floor Trash Utility

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9875503

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Russell, Steven, , ,**

Mailing Address PO Box 2434

City  
SanfordState  
FLZip Code  
32772-2434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe HHSOccupation (for Individual)  
Floor Trash Utility

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9875504

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2366 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Russell, Steven, , ,**

Mailing Address PO Box 2434

City  
SanfordState  
FLZip Code  
32772-2434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe HHSOccupation (for Individual)  
Floor Trash Utility

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9875505

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Steven, , ,**

Mailing Address PO Box 2434

City  
SanfordState  
FLZip Code  
32772-2434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe HHSOccupation (for Individual)  
Floor Trash Utility

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9875506

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Russell, Steven, , ,**

Mailing Address PO Box 2434

City  
SanfordState  
FLZip Code  
32772-2434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Lake Monroe HHSOccupation (for Individual)  
Floor Trash Utility

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875502

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2367 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
HorseheadsState  
NYZip Code  
14845-8116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881870

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
HorseheadsState  
NYZip Code  
14845-8116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9876565

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
HorseheadsState  
NYZip Code  
14845-8116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9881864

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2368 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**10 / 24 / 2025**

**Transaction ID : 9876566**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**10 / 24 / 2025**

**Transaction ID : 9881865**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**11 / 10 / 2025**

**Transaction ID : 9876567**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2369 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**11 / 10 / 2025**

**Transaction ID : 9881866**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**11 / 20 / 2025**

**Transaction ID : 9876569**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**11 / 20 / 2025**

**Transaction ID : 9881868**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2370 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9876568**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9881867**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
Horseheads

State  
NY

Zip Code  
14845-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2025

**Transaction ID : 9876570**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2371 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rutigliano, Brandye, , ,**

Mailing Address 2821 Westinghouse Rd

City  
HorseheadsState  
NYZip Code  
14845-8116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881869

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saadallah, Najla, , ,**

Mailing Address 521 Olympia Ave

City  
Cliffside ParkState  
NJZip Code  
07010-1615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9875908

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saadallah, Najla, , ,**

Mailing Address 521 Olympia Ave

City  
Cliffside ParkState  
NJZip Code  
07010-1615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : 9875909

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2372 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saadallah, Najla, , ,**

Mailing Address 521 Olympia Ave

City  
Cliffside ParkState  
NJZip Code  
07010-1615FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 10    |   | 2025        |

**Transaction ID : 9875910**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saadallah, Najla, , ,**

Mailing Address 521 Olympia Ave

City  
Cliffside ParkState  
NJZip Code  
07010-1615FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2025        |

**Transaction ID : 9875911**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saadallah, Najla, , ,**

Mailing Address 521 Olympia Ave

City  
Cliffside ParkState  
NJZip Code  
07010-1615FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 13    |   | 2025        |

**Transaction ID : 9875912**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2373 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saadallah, Najla, , ,**

Mailing Address 521 Olympia Ave

City  
Cliffside ParkState  
NJZip Code  
07010-1615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University-SSAOccupation (for Individual)  
Research Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875913

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saba Cabrerea, Indhiana, , ,**Mailing Address E 178TH St  
7BCity  
BronxState  
NYZip Code  
10460FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9875029

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saba Cabrerea, Indhiana, , ,**Mailing Address E 178TH St  
7BCity  
BronxState  
NYZip Code  
10460FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875030

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2374 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sadick, Rabiatu, , ,**

Mailing Address 102 Conklin St

City

Farmingdale

State

NY

Zip Code

11735-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Behavioral Health Associate

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880225

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sadick, Rabiatu, , ,**

Mailing Address 102 Conklin St

City

Farmingdale

State

NY

Zip Code

11735-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Behavioral Health Associate

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880226

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sadick, Rabiatu, , ,**

Mailing Address 102 Conklin St

City

Farmingdale

State

NY

Zip Code

11735-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Behavioral Health Associate

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9880227

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2375 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sadick, Rabiatu, , ,**

Mailing Address 102 Conklin St

City

Farmingdale

State

NY

Zip Code

11735-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Behavioral Health Associate

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880228

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sadick, Rabiatu, , ,**

Mailing Address 102 Conklin St

City

Farmingdale

State

NY

Zip Code

11735-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Behavioral Health Associate

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876307

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sadick, Rabiatu, , ,**

Mailing Address 102 Conklin St

City

Farmingdale

State

NY

Zip Code

11735-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Behavioral Health Associate

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880224

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2376 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877760

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9877761

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9877762

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2377 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874265

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877758

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874266

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2378 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sadler, Frances, , ,**

Mailing Address 3419 Irwin Ave

City  
BronxState  
NYZip Code  
10463-3712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877759

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880484

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873761

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

38.48

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2379 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880478

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873762

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880479

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2380 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873763

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9880480

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9873764

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2381 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880481

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9873765

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880482

Amount of Each Receipt this Period

9.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2382 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873766

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sahnoun, Rachida, , ,**

Mailing Address 15 Wyms Heights Dr

City  
MarlboroState  
NYZip Code  
12542-5119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880483

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint Fleur, Magalie, , ,**

Mailing Address 1723 Union St

City  
BrooklynState  
NYZip Code  
11213-4994FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn Center for Rehab HealthcareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874063

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2383 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint Fleur, Magalie, , ,**

Mailing Address 1723 Union St

City  
BrooklynState  
NYZip Code  
11213-4994FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brooklyn Center for Rehab HealthcareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874064

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint Hilaire, Laetitia, , ,**

Mailing Address 110 Union Rd

City  
Spring ValleyState  
NYZip Code  
10977-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878537

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint Hilaire, Laetitia, , ,**

Mailing Address 110 Union Rd

City  
Spring ValleyState  
NYZip Code  
10977-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878536

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2384 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint Hilaire, Laetitia, , ,**

Mailing Address 110 Union Rd

City  
Spring ValleyState  
NYZip Code  
10977-3447FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2025        |

**Transaction ID : 9875086**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint Hilaire, Laetitia, , ,**

Mailing Address 110 Union Rd

City  
Spring ValleyState  
NYZip Code  
10977-3447FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2025        |

**Transaction ID : 9878534**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint Hilaire, Laetitia, , ,**

Mailing Address 110 Union Rd

City  
Spring ValleyState  
NYZip Code  
10977-3447FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

**Transaction ID : 9875087**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2385 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint Hilaire, Laetitia, , ,**

Mailing Address 110 Union Rd

City  
Spring ValleyState  
NYZip Code  
10977-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
NURSING ASSISTANT (ANDRUS)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878535

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint Louis, Lina, , ,**

Mailing Address 14622 184th St

City  
Springfield GardensState  
NYZip Code  
11413-3743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873865

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint Louis, Lina, , ,**

Mailing Address 14622 184th St

City  
Springfield GardensState  
NYZip Code  
11413-3743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9879471

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2386 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint Louis, Lina, , ,**

Mailing Address 14622 184th St

City  
Springfield GardensState  
NYZip Code  
11413-3743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879474

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint Louis, Lina, , ,**

Mailing Address 14622 184th St

City  
Springfield GardensState  
NYZip Code  
11413-3743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879475

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint Louis, Lina, , ,**

Mailing Address 14622 184th St

City  
Springfield GardensState  
NYZip Code  
11413-3743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879473

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2387 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint Louis, Lina, , ,**

Mailing Address 14622 184th St

City  
Springfield GardensState  
NYZip Code  
11413-3743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9879472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint-Vil, Bachelard, , ,**Mailing Address 21121 90TH St  
NullCity  
Queens VillageState  
NYZip Code  
11428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
RESPIRATORY THERAPIST, REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9874261

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint-Vil, Bachelard, , ,**Mailing Address 21121 90TH St  
NullCity  
Queens VillageState  
NYZip Code  
11428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
RESPIRATORY THERAPIST, REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879618

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2388 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint-Vil, Bachelard, , ,**

Mailing Address 21121 90TH St

Null

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

RESPIRATORY THERAPIST, REG

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874262

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint-Vil, Bachelard, , ,**

Mailing Address 21121 90TH St

Null

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

RESPIRATORY THERAPIST, REG

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879619

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint-Vil, Bachelard, , ,**

Mailing Address 21121 90TH St

Null

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

RESPIRATORY THERAPIST, REG

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874263

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2389 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saint-Vil, Bachelard, , ,**

Mailing Address 21121 90TH St

Null

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

RESPIRATORY THERAPIST, REG

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9879620

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saint-Vil, Bachelard, , ,**

Mailing Address 21121 90TH St

Null

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

RESPIRATORY THERAPIST, REG

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875644

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saint-Vil, Bachelard, , ,**

Mailing Address 21121 90TH St

Null

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Interfaith Medical Center

Occupation (for Individual)

RESPIRATORY THERAPIST, REG

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9879610

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2390 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sallah, Devena, , ,**

Mailing Address 10755 Spa Pl

City  
JamaicaState  
NYZip Code  
11435-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sallah, Devena, , ,**

Mailing Address 10755 Spa Pl

City  
JamaicaState  
NYZip Code  
11435-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879740

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sallah, Devena, , ,**

Mailing Address 10755 Spa Pl

City  
JamaicaState  
NYZip Code  
11435-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874278

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2391 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sallah, Devena, , ,**

Mailing Address 10755 Spa Pl

City  
JamaicaState  
NYZip Code  
11435-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9879737

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sallah, Devena, , ,**

Mailing Address 10755 Spa Pl

City  
JamaicaState  
NYZip Code  
11435-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874279

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sallah, Devena, , ,**

Mailing Address 10755 Spa Pl

City  
JamaicaState  
NYZip Code  
11435-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9879738

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2392 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9879621

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879629

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879622

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2393 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9879623

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9879624

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876487

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2394 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9879627

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879625

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hollis Park Manor

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9876488

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2395 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City  
Queens VillageState  
NYZip Code  
11429FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hollis Park ManorOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879628

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salmon, Doreen, , ,**

Mailing Address 218 -35 112 Ave

City  
Queens VillageState  
NYZip Code  
11429FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hollis Park ManorOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9879626

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salmon, O'Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874873

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2396 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874874

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874875

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874876

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2397 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874877

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874878

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874879

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2398 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salmon, O Neill, , ,**

Mailing Address 1180 NW 47th Ave

City  
LauderhillState  
FLZip Code  
33313-6538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874880

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salvin, Christopher, , ,**

Mailing Address 1817 Tyrone Blvd N

City  
Saint PetersburgState  
FLZip Code  
33710-4839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northside HospitalOccupation (for Individual)  
Coord SC OR Inventory Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9882330

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salvin, Christopher, , ,**

Mailing Address 1817 Tyrone Blvd N

City  
Saint PetersburgState  
FLZip Code  
33710-4839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northside HospitalOccupation (for Individual)  
Coord SC OR Inventory Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874709

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2399 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salvin, Christopher, , ,**

Mailing Address 1817 Tyrone Blvd N

City  
Saint PetersburgState  
FLZip Code  
33710-4839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Northside HospitalOccupation (for Individual)  
Coord SC OR Inventory Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9882329

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salzman, Cassandra, , ,**

Mailing Address 1730 Sherwood St

City  
ClearwaterState  
FLZip Code  
33755-2940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Nurse Extern Float

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9882357

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salzman, Cassandra, , ,**

Mailing Address 1730 Sherwood St

City  
ClearwaterState  
FLZip Code  
33755-2940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Nurse Extern Float

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875539

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2400 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salzman, Cassandra, , ,**

Mailing Address 1730 Sherwood St

City  
Clearwater

State  
FL

Zip Code  
33755-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo Hospital

Occupation (for Individual)  
Nurse Extern Float

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9882356

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Samalot, Alycia, , ,**

Mailing Address 128 Lawn Ter  
Apt 2D

City  
Mamaroneck

State  
NY

Zip Code  
10543-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical College

Occupation (for Individual)  
Veterinary Technician, Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878156

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Samalot, Alycia, , ,**

Mailing Address 128 Lawn Ter  
Apt 2D

City  
Mamaroneck

State  
NY

Zip Code  
10543-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical College

Occupation (for Individual)  
Veterinary Technician, Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9875767

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2401 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Samalot, Alycia, , ,**Mailing Address 128 Lawn Ter  
Apt 2DCity  
MamaroneckState  
NYZip Code  
10543-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical CollegeOccupation (for Individual)  
Veterinary Technician, Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9878153

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Samalot, Alycia, , ,**Mailing Address 128 Lawn Ter  
Apt 2DCity  
MamaroneckState  
NYZip Code  
10543-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical CollegeOccupation (for Individual)  
Veterinary Technician, Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9878155

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Samalot, Alycia, , ,**Mailing Address 128 Lawn Ter  
Apt 2DCity  
MamaroneckState  
NYZip Code  
10543-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical CollegeOccupation (for Individual)  
Veterinary Technician, Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875768

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2402 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Samalot, Alycia, , ,**Mailing Address 128 Lawn Ter  
Apt 2DCity  
MamaroneckState  
NYZip Code  
10543-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical CollegeOccupation (for Individual)  
Veterinary Technician, Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9878154

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Samuels, Sierra, , ,**Mailing Address 15432 SW 77Th Circle Ln  
Apt 111City  
MiamiState  
FLZip Code  
33193-1863FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9880893

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Samuels, Sierra, , ,**Mailing Address 15432 SW 77Th Circle Ln  
Apt 111City  
MiamiState  
FLZip Code  
33193-1863FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875046

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2403 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Samuels, Sierra, , ,**

Mailing Address 15432 SW 77Th Circle Ln  
Apt 111

City  
Miami

State  
FL

Zip Code  
33193-1863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880891

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Samuels, Sierra, , ,**

Mailing Address 15432 SW 77Th Circle Ln  
Apt 111

City  
Miami

State  
FL

Zip Code  
33193-1863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty - On Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880892

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanchez Ruiz, Jazmin, , ,**

Mailing Address 2325 University Ave  
Apt 4G

City  
Bronx

State  
NY

Zip Code  
10468-6158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Registered Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877925

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2404 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanchez Ruiz, Jazmin, , ,**Mailing Address 2325 University Ave  
Apt 4GCity  
BronxState  
NYZip Code  
10468-6158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Registered Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877926

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sanchez Ruiz, Jazmin, , ,**Mailing Address 2325 University Ave  
Apt 4GCity  
BronxState  
NYZip Code  
10468-6158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Registered Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877927

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanchez Ruiz, Jazmin, , ,**Mailing Address 2325 University Ave  
Apt 4GCity  
BronxState  
NYZip Code  
10468-6158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Registered Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877928

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2405 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanchez Ruiz, Jazmin, , ,**

Mailing Address 2325 University Ave  
Apt 4G

City  
Bronx

State  
NY

Zip Code  
10468-6158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Registered Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874726**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sanchez Ruiz, Jazmin, , ,**

Mailing Address 2325 University Ave  
Apt 4G

City  
Bronx

State  
NY

Zip Code  
10468-6158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Registered Ultrasound Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9877924**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanchez, Angela, , ,**

Mailing Address 86 Gary Ct  
Fl 1

City  
Staten Island

State  
NY

Zip Code  
10314-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9877491**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2406 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanchez, Angela, , ,**Mailing Address 86 Gary Ct  
FI 1City  
Staten IslandState  
NYZip Code  
10314-1616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9877492

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sanchez, Angela, , ,**Mailing Address 86 Gary Ct  
FI 1City  
Staten IslandState  
NYZip Code  
10314-1616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873962

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanchez, Angela, , ,**Mailing Address 86 Gary Ct  
FI 1City  
Staten IslandState  
NYZip Code  
10314-1616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877490

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2407 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanders, Diane, , ,**Mailing Address 2206 Cortelyou Rd  
Apt 2City  
BrooklynState  
NYZip Code  
11226-6115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882590

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sanders, Diane, , ,**Mailing Address 2206 Cortelyou Rd  
Apt 2City  
BrooklynState  
NYZip Code  
11226-6115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882591

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanders, Diane, , ,**Mailing Address 2206 Cortelyou Rd  
Apt 2City  
BrooklynState  
NYZip Code  
11226-6115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882592

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2408 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanders, Diane, , ,**Mailing Address 2206 Cortelyou Rd  
Apt 2City  
BrooklynState  
NYZip Code  
11226-6115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875415

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sanders, Diane, , ,**Mailing Address 2206 Cortelyou Rd  
Apt 2City  
BrooklynState  
NYZip Code  
11226-6115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882589

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sandiford, David, , ,**

Mailing Address 18338 Arcade Ave

City  
Saint AlbansState  
NYZip Code  
11412-1502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9875144

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2409 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sandiford, David, , ,**

Mailing Address 18338 Arcade Ave

City  
Saint AlbansState  
NYZip Code  
11412-1502FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025**Transaction ID : 9879444**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sandiford, David, , ,**

Mailing Address 18338 Arcade Ave

City  
Saint AlbansState  
NYZip Code  
11412-1502FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025**Transaction ID : 9875145**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sandiford, David, , ,**

Mailing Address 18338 Arcade Ave

City  
Saint AlbansState  
NYZip Code  
11412-1502FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025**Transaction ID : 9879445**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2410 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sandiford, David, , ,**

Mailing Address 18338 Arcade Ave

City  
Saint AlbansState  
NYZip Code  
11412-1502FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2025**Transaction ID : 9875146**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sandiford, David, , ,**

Mailing Address 18338 Arcade Ave

City  
Saint AlbansState  
NYZip Code  
11412-1502FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
New York Presbyterian-QueensOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2025**Transaction ID : 9879446**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sanon, Nissie, , ,**Mailing Address 289 Empire Blvd  
Apt 4CCity  
BrooklynState  
NYZip Code  
11225-3545FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 9879003**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2411 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                        |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Sanon, Nissie, , ,</b>                 |             |                                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 24 / 2025<br><b>Transaction ID : 9875664</b> |  |
| Mailing Address 289 Empire Blvd<br>Apt 4C                                                                                       |             |                                                        | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11225-3545                                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>220.00                     |                                                                                                     |  |
| Name of Employer (for Individual)<br>Maimonides Medical Center                                                                  |             | Occupation (for Individual)<br>Patient Care Technician |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                        |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Sanon, Nissie, , ,</b>                 |             |                                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 24 / 2025<br><b>Transaction ID : 9879002</b> |  |
| Mailing Address 289 Empire Blvd<br>Apt 4C                                                                                       |             |                                                        | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11225-3545                                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>220.00                     |                                                                                                     |  |
| Name of Employer (for Individual)<br>Maimonides Medical Center                                                                  |             | Occupation (for Individual)<br>Patient Care Technician |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                        |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Sanon, Nissie, , ,</b>                 |             |                                                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 01 / 2025<br><b>Transaction ID : 9875663</b> |  |
| Mailing Address 289 Empire Blvd<br>Apt 4C                                                                                       |             |                                                        | Amount of Each Receipt this Period<br>10.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11225-3545                                 | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>220.00                     |                                                                                                     |  |
| Name of Employer (for Individual)<br>Maimonides Medical Center                                                                  |             | Occupation (for Individual)<br>Patient Care Technician |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                        |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                        | 30.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                        |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2412 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sanon, Nissie, , ,**Mailing Address 289 Empire Blvd  
Apt 4CCity  
BrooklynState  
NYZip Code  
11225-3545FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9879001

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Santana, Frankie, , ,**Mailing Address 1566 Vyse Ave  
Apt 4DCity  
BronxState  
NYZip Code  
10460-5643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR-SHP A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877706

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Santana, Frankie, , ,**Mailing Address 1566 Vyse Ave  
Apt 4DCity  
BronxState  
NYZip Code  
10460-5643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR-SHP A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877707

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2413 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Santana, Frankie, , ,**Mailing Address 1566 Vyse Ave  
Apt 4DCity  
BronxState  
NYZip Code  
10460-5643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR-SHP A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877708

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Santana, Frankie, , ,**Mailing Address 1566 Vyse Ave  
Apt 4DCity  
BronxState  
NYZip Code  
10460-5643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR-SHP A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876320

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Santana, Frankie, , ,**Mailing Address 1566 Vyse Ave  
Apt 4DCity  
BronxState  
NYZip Code  
10460-5643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
MOTOR VEHICLE OPERATOR-SHP A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877705

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2414 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Santiago, Nelson, , ,**

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882273

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Santiago, Nelson, , ,**

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882274

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Santiago, Nelson, , ,**

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874607

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2415 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santiago, Nelson, , ,

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2025        |

Transaction ID : 9882270

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santiago, Nelson, , ,

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9874608

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santiago, Nelson, , ,

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9882271

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2416 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Santiago, Nelson, , ,**

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874609

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Santiago, Nelson, , ,**

Mailing Address 381 Berenger Walk

City  
Royal Palm BeachState  
FLZip Code  
33414-4345FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCA Florida Palms West HospitalOccupation (for Individual)  
Radiology Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882272

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Santos, Andreina, , ,**Mailing Address 567 W 187th St  
Apt BCity  
New YorkState  
NYZip Code  
10033-1354FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877146

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2417 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santos, Andreina, , ,

Mailing Address 567 W 187th St  
Apt BCity  
New YorkState  
NYZip Code  
10033-1354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 26    | / | 2025        |

Transaction ID : 9874198

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santos, Andreina, , ,

Mailing Address 567 W 187th St  
Apt BCity  
New YorkState  
NYZip Code  
10033-1354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 26    | / | 2025        |

Transaction ID : 9877144

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santos, Andreina, , ,

Mailing Address 567 W 187th St  
Apt BCity  
New YorkState  
NYZip Code  
10033-1354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2025        |

Transaction ID : 9874199

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2418 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Santos, Andreina, , ,**Mailing Address 567 W 187th St  
Apt BCity  
New YorkState  
NYZip Code  
10033-1354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
LAB ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9877145

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sappington, Don, , ,**

Mailing Address 2020 NW 1st Ave

City  
MiamiState  
FLZip Code  
33127-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Sanitation Aide (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882119

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sappington, Don, , ,**

Mailing Address 2020 NW 1st Ave

City  
MiamiState  
FLZip Code  
33127-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Sanitation Aide (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875158

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2419 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sappington, Don, , ,

Mailing Address 2020 NW 1st Ave

City  
MiamiState  
FLZip Code  
33127-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Sanitation Aide (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2025        |

Transaction ID : 9882117

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sappington, Don, , ,

Mailing Address 2020 NW 1st Ave

City  
MiamiState  
FLZip Code  
33127-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Sanitation Aide (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2025        |

Transaction ID : 9882118

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sappor, Jayson, , ,

Mailing Address 4198 C Bronxwood Ave  
Apt 22City  
BronxState  
NYZip Code  
10466-3156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 10    |   | 2025        |

Transaction ID : 9881146

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2420 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sappor, Jayson, , ,**Mailing Address 4198 C Bronxwood Ave  
Apt 22City  
BronxState  
NYZip Code  
10466-3156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881147

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sappor, Jayson, , ,**Mailing Address 4198 C Bronxwood Ave  
Apt 22City  
BronxState  
NYZip Code  
10466-3156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876229

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sappor, Jayson, , ,**Mailing Address 4198 C Bronxwood Ave  
Apt 22City  
BronxState  
NYZip Code  
10466-3156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881144

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2421 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sappor, Jayson, , ,**Mailing Address 4198 C Bronxwood Ave  
Apt 22City  
BronxState  
NYZip Code  
10466-3156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876230

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sappor, Jayson, , ,**Mailing Address 4198 C Bronxwood Ave  
Apt 22City  
BronxState  
NYZip Code  
10466-3156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881145

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marsherl, , ,**

Mailing Address 11 Harrison St

City  
PoughkeepsieState  
NYZip Code  
12601-2617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874543

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2422 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 17    |   | 2025        |

**Transaction ID : 9880567**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 24    |   | 2025        |

**Transaction ID : 9874542**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 24    |   | 2025        |

**Transaction ID : 9880566**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2423 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9874544

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9880568

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874545

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2424 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880569

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874547

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880571

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2425 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9874546

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9880570

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9874548

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2426 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880572

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874549

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9880573

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2427 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874550

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874551

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874552

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2428 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874554

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874553

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City

Poughkeepsie

State

NY

Zip Code

12601-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874555

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2429 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saunders, Marshel, , ,**

Mailing Address 11 Harrison St

City  
PoughkeepsieState  
NYZip Code  
12601-2617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9874556

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sayles, Trudi, , ,**Mailing Address 100 E 21st St  
Apt 416City  
BrooklynState  
NYZip Code  
11226-3019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health CenterOccupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879010

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sayles, Trudi, , ,**Mailing Address 100 E 21st St  
Apt 416City  
BrooklynState  
NYZip Code  
11226-3019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health CenterOccupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9879011

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2430 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sayles, Trudi, , ,**

Mailing Address 100 E 21st St  
Apt 416

City  
Brooklyn

State  
NY

Zip Code  
11226-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : 9874676**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sayles, Trudi, , ,**

Mailing Address 100 E 21st St  
Apt 416

City  
Brooklyn

State  
NY

Zip Code  
11226-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : 9879008**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sayles, Trudi, , ,**

Mailing Address 100 E 21st St  
Apt 416

City  
Brooklyn

State  
NY

Zip Code  
11226-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9874677**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2431 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sayles, Trudi, , ,**

Mailing Address 100 E 21st St  
Apt 416

City  
Brooklyn

State  
NY

Zip Code  
11226-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APICHA Community Health Center

Occupation (for Individual)  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9879009**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scarlett, Noel, , ,**

Mailing Address 184 Clarkson Ave  
Apt 3F

City  
Brooklyn

State  
NY

Zip Code  
11226-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
Host/Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9879031**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scarlett, Noel, , ,**

Mailing Address 184 Clarkson Ave  
Apt 3F

City  
Brooklyn

State  
NY

Zip Code  
11226-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
Host/Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : 9875635**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2432 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scarlett, Noel, , ,**Mailing Address 184 Clarkson Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11226-2015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Host/Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879030

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scarlett, Noel, , ,**Mailing Address 184 Clarkson Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11226-2015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Host/Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875634

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scarlett, Noel, , ,**Mailing Address 184 Clarkson Ave  
Apt 3FCity  
BrooklynState  
NYZip Code  
11226-2015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Host/Hostess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9879029

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2433 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scott, Davina, , ,**Mailing Address 1096 Winthrop St  
Apt 1RCity  
BrooklynState  
NYZip Code  
11212-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878876

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scott, Davina, , ,**Mailing Address 1096 Winthrop St  
Apt 1RCity  
BrooklynState  
NYZip Code  
11212-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878877

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scott, Davina, , ,**Mailing Address 1096 Winthrop St  
Apt 1RCity  
BrooklynState  
NYZip Code  
11212-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873406

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2434 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scott, Davina, , ,**Mailing Address 1096 Winthrop St  
Apt 1RCity  
BrooklynState  
NYZip Code  
11212-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878874

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scott, Davina, , ,**Mailing Address 1096 Winthrop St  
Apt 1RCity  
BrooklynState  
NYZip Code  
11212-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873407

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scott, Davina, , ,**Mailing Address 1096 Winthrop St  
Apt 1RCity  
BrooklynState  
NYZip Code  
11212-2929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Unit Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878875

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2435 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scott, Ray Ray, , ,**Mailing Address 270 E Burnside Ave  
Apt 10FCity  
BronxState  
NYZip Code  
10457-3735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Lead Envmntl Svc Worker (GV1)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877622

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scott, Ray Ray, , ,**Mailing Address 270 E Burnside Ave  
Apt 10FCity  
BronxState  
NYZip Code  
10457-3735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Lead Envmntl Svc Worker (GV1)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9876337

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scott, Ray Ray, , ,**Mailing Address 270 E Burnside Ave  
Apt 10FCity  
BronxState  
NYZip Code  
10457-3735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Lead Envmntl Svc Worker (GV1)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877620

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2436 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scott, Ray Ray, , ,**

Mailing Address 270 E Burnside Ave  
Apt 10F

City  
Bronx

State  
NY

Zip Code  
10457-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Lead Envmntl Svc Worker (GV1)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9876338

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scott, Ray Ray, , ,**

Mailing Address 270 E Burnside Ave  
Apt 10F

City  
Bronx

State  
NY

Zip Code  
10457-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Lead Envmntl Svc Worker (GV1)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

Transaction ID : 9877621

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scott, Ray Ray, , ,**

Mailing Address 270 E Burnside Ave  
Apt 10F

City  
Bronx

State  
NY

Zip Code  
10457-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Lead Envmntl Svc Worker (GV1)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9877619

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2437 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sebastian, Dominique, , ,**Mailing Address 1099 Walton Ave  
Apt 34City  
BronxState  
NYZip Code  
10452-8923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881203

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sebastian, Dominique, , ,**Mailing Address 1099 Walton Ave  
Apt 34City  
BronxState  
NYZip Code  
10452-8923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881204

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sebastian, Dominique, , ,**Mailing Address 1099 Walton Ave  
Apt 34City  
BronxState  
NYZip Code  
10452-8923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876259

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2438 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sebastian, Dominique, , ,**Mailing Address 1099 Walton Ave  
Apt 34City  
BronxState  
NYZip Code  
10452-8923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881201

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sebastian, Dominique, , ,**Mailing Address 1099 Walton Ave  
Apt 34City  
BronxState  
NYZip Code  
10452-8923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876260

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sebastian, Dominique, , ,**Mailing Address 1099 Walton Ave  
Apt 34City  
BronxState  
NYZip Code  
10452-8923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
DIET WORKER U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881202

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2439 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Seergy, Joan, , ,**Mailing Address 137 88th St  
Apt 4City  
BrooklynState  
NYZip Code  
11209-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878806

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Seergy, Joan, , ,**Mailing Address 137 88th St  
Apt 4City  
BrooklynState  
NYZip Code  
11209-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878807

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seergy, Joan, , ,**Mailing Address 137 88th St  
Apt 4City  
BrooklynState  
NYZip Code  
11209-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873427

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2440 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Seergy, Joan, , ,**Mailing Address 137 88th St  
Apt 4City  
BrooklynState  
NYZip Code  
11209-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878804

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Seergy, Joan, , ,**Mailing Address 137 88th St  
Apt 4City  
BrooklynState  
NYZip Code  
11209-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873428

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seergy, Joan, , ,**Mailing Address 137 88th St  
Apt 4City  
BrooklynState  
NYZip Code  
11209-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Medical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9878805

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2441 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sejour, Myriam, , ,**Mailing Address 1418 Brooklyn Ave  
Apt 6DCity  
BrooklynState  
NYZip Code  
11210-1870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881453

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sejour, Myriam, , ,**Mailing Address 1418 Brooklyn Ave  
Apt 6DCity  
BrooklynState  
NYZip Code  
11210-1870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9881454

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sejour, Myriam, , ,**Mailing Address 1418 Brooklyn Ave  
Apt 6DCity  
BrooklynState  
NYZip Code  
11210-1870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brookdale-Samuel &amp; Bertha Schulman Ins

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873405

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2442 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sejour, Myriam, , ,**Mailing Address 1418 Brooklyn Ave  
Apt 6DCity  
BrooklynState  
NYZip Code  
11210-1870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881452

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Senecent, Loudor, , ,**Mailing Address 1521 NW 43rd Ave  
Apt 203City  
LauderhillState  
FLZip Code  
33313-5790FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group TamaracOccupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9881075

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Senecent, Loudor, , ,**Mailing Address 1521 NW 43rd Ave  
Apt 203City  
LauderhillState  
FLZip Code  
33313-5790FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group TamaracOccupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881074

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2443 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Senecent, Loudor, , ,**

Mailing Address 1521 NW 43rd Ave  
Apt 203

City  
Lauderhill

State  
FL

Zip Code  
33313-5790

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group Tamarac

Occupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 06 / 2025

**Transaction ID : 9873308**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Senecent, Loudor, , ,**

Mailing Address 1521 NW 43rd Ave  
Apt 203

City  
Lauderhill

State  
FL

Zip Code  
33313-5790

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthcare Services Group Tamarac

Occupation (for Individual)  
Heavy Hskp/Floor Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 06 / 2025

**Transaction ID : 9881073**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Serrano Medina, Haylet, , ,**

Mailing Address 2557 23rd St  
Apt 1

City  
Astoria

State  
NY

Zip Code  
11102-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HA

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.97

Date of Receipt

11 / 28 / 2025

**Transaction ID : 9875654**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2444 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Serrano Medina, Haylet, , ,**Mailing Address 2557 23rd St  
Apt 1City  
AstoriaState  
NYZip Code  
11102-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878659

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Serrano, Joel, , ,**Mailing Address 38 Chatsworth Pl  
Null

City

New Rochelle

State

NY

Zip Code

10801-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
SENIOR ADMITTING CLERK-WF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878413

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Serrano, Joel, , ,**Mailing Address 38 Chatsworth Pl  
Null

City

New Rochelle

State

NY

Zip Code

10801-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield CampusOccupation (for Individual)  
SENIOR ADMITTING CLERK-WF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878414

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2445 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Serrano, Joel, , ,**

Mailing Address 38 Chatsworth Pl

Null

City

New Rochelle

State

NY

Zip Code

10801-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

SENIOR ADMITTING CLERK-WF

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875437

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Serrano, Joel, , ,**

Mailing Address 38 Chatsworth Pl

Null

City

New Rochelle

State

NY

Zip Code

10801-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

SENIOR ADMITTING CLERK-WF

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878411

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Serrano, Joel, , ,**

Mailing Address 38 Chatsworth Pl

Null

City

New Rochelle

State

NY

Zip Code

10801-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

SENIOR ADMITTING CLERK-WF

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875438

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2446 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Serrano, Joel, , ,**

Mailing Address 38 Chatsworth Pl  
Null

City  
New Rochelle

State  
NY

Zip Code  
10801-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore-Wakefield Campus

Occupation (for Individual)  
SENIOR ADMITTING CLERK-WF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9878412**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Serrano, Lynsey, , ,**

Mailing Address 709 Fairmount Pl  
Apt 20

City  
Bronx

State  
NY

Zip Code  
10457-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

**Transaction ID : 9881048**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Serrano, Lynsey, , ,**

Mailing Address 709 Fairmount Pl  
Apt 20

City  
Bronx

State  
NY

Zip Code  
10457-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

**Transaction ID : 9881049**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2447 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Serrano, Lynsey, , ,**Mailing Address 709 Fairmount Pl  
Apt 20City  
BronxState  
NYZip Code  
10457-6413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876201

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Serrano, Lynsey, , ,**Mailing Address 709 Fairmount Pl  
Apt 20City  
BronxState  
NYZip Code  
10457-6413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881046

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Serrano, Lynsey, , ,**Mailing Address 709 Fairmount Pl  
Apt 20City  
BronxState  
NYZip Code  
10457-6413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876202

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2448 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Serrano, Lynsey, , ,**Mailing Address 709 Fairmount Pl  
Apt 20City  
BronxState  
NYZip Code  
10457-6413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881047

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sewell, Marvin, , ,**Mailing Address 2034 Needham Ave  
Apt 3City  
BronxState  
NYZip Code  
10466-6072FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Security Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877797

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sewell, Marvin, , ,**Mailing Address 2034 Needham Ave  
Apt 3City  
BronxState  
NYZip Code  
10466-6072FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
Security Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9877798

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2449 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                               |                                                                                                     |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Sewell, Marvin, , ,</b>                |  |                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 01 / 2025<br><b>Transaction ID : 9877799</b> |  |                     |
| Mailing Address 2034 Needham Ave<br>Apt 3                                                                                       |  |                                               | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| City Bronx                                                                                                                      |  | State NY                                      |                                                                                                     |  | Zip Code 10466-6072 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                               |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>BronxCare Health System                                                                    |  | Occupation (for Individual)<br>Security Guard |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00            |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Sewell, Marvin, , ,</b>                |  |                                               |                                                                                                     |  |                     |
| Mailing Address 2034 Needham Ave<br>Apt 3                                                                                       |  |                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 03 / 2025<br><b>Transaction ID : 9875781</b> |  |                     |
| City Bronx                                                                                                                      |  | State NY                                      | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                               |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>BronxCare Health System                                                                    |  | Occupation (for Individual)<br>Security Guard |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00            |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Sewell, Marvin, , ,</b>                |  |                                               |                                                                                                     |  |                     |
| Mailing Address 2034 Needham Ave<br>Apt 3                                                                                       |  |                                               | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 03 / 2025<br><b>Transaction ID : 9877796</b> |  |                     |
| City Bronx                                                                                                                      |  | State NY                                      | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                               |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>BronxCare Health System                                                                    |  | Occupation (for Individual)<br>Security Guard |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>220.00            |                                                                                                     |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                           |  |                                               | 60.00                                                                                               |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                 |  |                                               |                                                                                                     |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2450 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sewell, Winsome, , ,**

Mailing Address 7 Carlyle Pl

City  
HartsdaleState  
NYZip Code  
10530-1364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Senior Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9874788

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sewell, Winsome, , ,**

Mailing Address 7 Carlyle Pl

City  
HartsdaleState  
NYZip Code  
10530-1364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Senior Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9874789

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sewell, Winsome, , ,**

Mailing Address 7 Carlyle Pl

City  
HartsdaleState  
NYZip Code  
10530-1364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Senior Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9874790

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2451 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sewell, Winsome, , ,**

Mailing Address 7 Carlyle Pl

City  
HartsdaleState  
NYZip Code  
10530-1364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Senior Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874791

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sewell, Winsome, , ,**

Mailing Address 7 Carlyle Pl

City  
HartsdaleState  
NYZip Code  
10530-1364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Senior Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874792

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sewell, Winsome, , ,**

Mailing Address 7 Carlyle Pl

City  
HartsdaleState  
NYZip Code  
10530-1364FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Senior Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874793

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2452 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sewer, Sherina, , ,**Mailing Address 2311 Southern Blvd  
Apt 407City  
BronxState  
NYZip Code  
10460-1024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9874418

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sewer, Sherina, , ,**Mailing Address 2311 Southern Blvd  
Apt 407City  
BronxState  
NYZip Code  
10460-1024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9880829

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sewer, Sherina, , ,**Mailing Address 2311 Southern Blvd  
Apt 407City  
BronxState  
NYZip Code  
10460-1024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9874419

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2453 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sewer, Sherina, , ,**Mailing Address 2311 Southern Blvd  
Apt 407City  
BronxState  
NYZip Code  
10460-1024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2025

Transaction ID : 9874420

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shade, Marilyn, , ,**

Mailing Address 53 Sheridan St

City  
IrvingtonState  
NJZip Code  
07111-2924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VNS Health, Personal CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875707

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shade, Marilyn, , ,**

Mailing Address 53 Sheridan St

City  
IrvingtonState  
NJZip Code  
07111-2924FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VNS Health, Personal CareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9881667

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2454 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shade, Marilyn, , ,**

Mailing Address 53 Sheridan St

City  
Irvington

State  
NJ

Zip Code  
07111-2924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VNS Health, Personal Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 09 / 2025

**Transaction ID : 9875708**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shade, Marilyn, , ,**

Mailing Address 53 Sheridan St

City  
Irvington

State  
NJ

Zip Code  
07111-2924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VNS Health, Personal Care

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 09 / 2025

**Transaction ID : 9881668**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 02 / 2025

**Transaction ID : 9880867**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2455 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 24 / 2025

Transaction ID : 9876503

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 24 / 2025

Transaction ID : 9880861

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 24 / 2025

Transaction ID : 9876504

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2456 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9880862

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876505

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880863

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2457 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 20 / 2025

Transaction ID : 9876507

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 20 / 2025

Transaction ID : 9880865

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9876506

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2458 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9880864

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2025

Transaction ID : 9876508

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sharp, Donna, , ,**

Mailing Address 272 W William St  
Apt 102

City  
Corning

State  
NY

Zip Code  
14830-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
PATIENT REGISTRATION CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2025

Transaction ID : 9880866

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2459 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sharpe, Kuwate, , ,**Mailing Address 522 E 159th St  
Apt ACity  
BronxState  
NYZip Code  
10451-5584FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9881497

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharpe, Kuwate, , ,**Mailing Address 522 E 159th St  
Apt ACity  
BronxState  
NYZip Code  
10451-5584FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9881495

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sharpe, Kuwate, , ,**Mailing Address 522 E 159th St  
Apt ACity  
BronxState  
NYZip Code  
10451-5584FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9881496

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2460 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sharpe, Kuwate, , ,**Mailing Address 522 E 159th St  
Apt ACity  
BronxState  
NYZip Code  
10451-5584FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874152

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharpe, Kuwate, , ,**Mailing Address 522 E 159th St  
Apt ACity  
BronxState  
NYZip Code  
10451-5584FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881494

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaw, Brendan, , ,**

Mailing Address 36 Mallinson St

City  
AllendaleState  
NJZip Code  
07401-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEIU-CC, LLCOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 9876745

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2461 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaw, Brendan, , ,**

Mailing Address 36 Mallinson St

City  
AllendaleState  
NJZip Code  
07401-1709FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SEIU-CC, LLCOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2025**Transaction ID : 9876746**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaw, Brendan, , ,**

Mailing Address 36 Mallinson St

City  
AllendaleState  
NJZip Code  
07401-1709FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SEIU-CC, LLCOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025**Transaction ID : 9876747**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaw, Brendan, , ,**

Mailing Address 36 Mallinson St

City  
AllendaleState  
NJZip Code  
07401-1709FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SEIU-CC, LLCOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2025**Transaction ID : 9876748**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2462 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaw, Ulric, , ,**

Mailing Address 17835 Selover Rd

City  
JamaicaState  
NYZip Code  
11434-3436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879650

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaw, Ulric, , ,**

Mailing Address 17835 Selover Rd

City  
JamaicaState  
NYZip Code  
11434-3436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879651

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaw, Ulric, , ,**

Mailing Address 17835 Selover Rd

City  
JamaicaState  
NYZip Code  
11434-3436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873948

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2463 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaw, Ulric, , ,**

Mailing Address 17835 Selover Rd

City  
JamaicaState  
NYZip Code  
11434-3436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale Hospital Medical Center (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879649

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9873825

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9877913

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

80.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2464 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9873826

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2025

Transaction ID : 9877914

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9873827

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2465 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9873828

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaw-Hope, Shanna-Kay, , ,**Mailing Address 839 E 218th St  
Apt 3FCity  
BronxState  
NYZip Code  
10467-5833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yonkers Gardens Center for Nursing & ROccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873829

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shearer, Mauvene, , ,**

Mailing Address 226 Court St

City  
West HavenState  
CTZip Code  
06516-4931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881587

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2466 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shearer, Mauvene, , ,**

Mailing Address 226 Court St

City  
West HavenState  
CTZip Code  
06516-4931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 04    |   | 2025        |

**Transaction ID : 9881589**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shearer, Mauvene, , ,**

Mailing Address 226 Court St

City  
West HavenState  
CTZip Code  
06516-4931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 02    |   | 2025        |

**Transaction ID : 9881590**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shearer, Mauvene, , ,**

Mailing Address 226 Court St

City  
West HavenState  
CTZip Code  
06516-4931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 03    |   | 2025        |

**Transaction ID : 9875172**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2467 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shearer, Mauvene, , ,**

Mailing Address 226 Court St

City  
West HavenState  
CTZip Code  
06516-4931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025**Transaction ID : 9881586**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shearer, Mauvene, , ,**

Mailing Address 226 Court St

City  
West HavenState  
CTZip Code  
06516-4931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025**Transaction ID : 9881588**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shedrick, Lionel, , ,**

Mailing Address 32 Quebec Rd

City  
Island ParkState  
NYZip Code  
11558-2160FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Soiled Laundry Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 9879864**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2468 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shedrick, Lionel, , ,**

Mailing Address 32 Quebec Rd

City  
Island ParkState  
NYZip Code  
11558-2160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Soiled Laundry Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879865

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shedrick, Lionel, , ,**

Mailing Address 32 Quebec Rd

City  
Island ParkState  
NYZip Code  
11558-2160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Soiled Laundry Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874354

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shedrick, Lionel, , ,**

Mailing Address 32 Quebec Rd

City  
Island ParkState  
NYZip Code  
11558-2160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Soiled Laundry Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879862

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2469 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shedrick, Lionel, , ,**

Mailing Address 32 Quebec Rd

City  
Island Park

State  
NY

Zip Code  
11558-2160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Soiled Laundry Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 15 / 2025**

**Transaction ID : 9874355**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shedrick, Lionel, , ,**

Mailing Address 32 Quebec Rd

City  
Island Park

State  
NY

Zip Code  
11558-2160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Soiled Laundry Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 15 / 2025**

**Transaction ID : 9879863**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sherman, Jamila, , ,**

Mailing Address 203 Driscoll Ave

Null

City  
Syracuse

State  
NY

Zip Code  
13204-1535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Crouse Hospital

Occupation (for Individual)  
Care Coordination Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**07 / 15 / 2025**

**Transaction ID : 9880631**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2470 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sherman, Jamila, , ,**Mailing Address 203 Driscoll Ave  
NullCity  
SyracuseState  
NYZip Code  
13204-1535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crouse HospitalOccupation (for Individual)  
Care Coordination Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880632

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sherman, Jamila, , ,**Mailing Address 203 Driscoll Ave  
NullCity  
SyracuseState  
NYZip Code  
13204-1535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crouse HospitalOccupation (for Individual)  
Care Coordination Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9880633

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sherman, Jamila, , ,**Mailing Address 203 Driscoll Ave  
NullCity  
SyracuseState  
NYZip Code  
13204-1535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crouse HospitalOccupation (for Individual)  
Care Coordination Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9876633

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2471 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sherman, Jamila, , ,**Mailing Address 203 Driscoll Ave  
NullCity  
SyracuseState  
NYZip Code  
13204-1535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crouse HospitalOccupation (for Individual)  
Care Coordination Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9880630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sierra, Samuel, , ,**Mailing Address 559 56th St  
Apt 3City  
BrooklynState  
NYZip Code  
11220-2588FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874837

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sierra, Samuel, , ,**Mailing Address 559 56th St  
Apt 3City  
BrooklynState  
NYZip Code  
11220-2588FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYU Langone Brooklyn HospitalOccupation (for Individual)  
Contract Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881340

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2472 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simmonds, Thasha Gay, , ,**Mailing Address 2172 Clarendon Rd  
Apt 1ACity  
BrooklynState  
NYZip Code  
11226-6111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N&W Agency, Inc.Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880992

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simmonds, Thasha Gay, , ,**Mailing Address 2172 Clarendon Rd  
Apt 1ACity  
BrooklynState  
NYZip Code  
11226-6111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N&W Agency, Inc.Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880993

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simmonds, Thasha Gay, , ,**Mailing Address 2172 Clarendon Rd  
Apt 1ACity  
BrooklynState  
NYZip Code  
11226-6111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N&W Agency, Inc.Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9876509

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2473 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simmonds, Thasha Gay, , ,**Mailing Address 2172 Clarendon Rd  
Apt 1ACity  
BrooklynState  
NYZip Code  
11226-6111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N&W Agency, Inc.Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9880991

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simms, Chante, , ,**

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9878236

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simms, Chante, , ,**

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Care PavilionOccupation (for Individual)  
NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9876423

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2474 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simms, Chante, , ,**

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

NURSING ASSISTANT (PC)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 14 / 2025

Transaction ID : 9878233

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simms, Chante, , ,**

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

NURSING ASSISTANT (PC)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 14 / 2025

Transaction ID : 9878235

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simms, Chante, , ,**

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

NURSING ASSISTANT (PC)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 17 / 2025

Transaction ID : 9876424

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2475 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simms, Chante, , ,**

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

NURSING ASSISTANT (PC)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878234

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpkins-Walker, Novelette, , ,**

Mailing Address 222 Brown Ave

City

Hempstead

State

NY

Zip Code

11550-7140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ACP Queens Long Island Medical Group-L

Occupation (for Individual)

Care Team Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879814

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpkins-Walker, Novelette, , ,**

Mailing Address 222 Brown Ave

City

Hempstead

State

NY

Zip Code

11550-7140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ACP Queens Long Island Medical Group-L

Occupation (for Individual)

Care Team Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879815

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2476 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpkins-Walker, Novelette, , ,**

Mailing Address 222 Brown Ave

City  
HempsteadState  
NYZip Code  
11550-7140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACP Queens Long Island Medical Group-LOccupation (for Individual)  
Care Team Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879816

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpkins-Walker, Novelette, , ,**

Mailing Address 222 Brown Ave

City  
HempsteadState  
NYZip Code  
11550-7140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACP Queens Long Island Medical Group-LOccupation (for Individual)  
Care Team Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2025

Transaction ID : 9873496

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpkins-Walker, Novelette, , ,**

Mailing Address 222 Brown Ave

City  
HempsteadState  
NYZip Code  
11550-7140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACP Queens Long Island Medical Group-LOccupation (for Individual)  
Care Team Associate II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2025

Transaction ID : 9879813

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2477 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Angella, , ,**Mailing Address 154 Rockaway Pkwy  
Apt 7BCity  
BrooklynState  
NYZip Code  
11212-3615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878851

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Angella, , ,**Mailing Address 154 Rockaway Pkwy  
Apt 7BCity  
BrooklynState  
NYZip Code  
11212-3615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874060

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Angella, , ,**Mailing Address 154 Rockaway Pkwy  
Apt 7BCity  
BrooklynState  
NYZip Code  
11212-3615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9878849

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2478 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Angella, , ,**

Mailing Address 154 Rockaway Pkwy  
Apt 7B

City  
Brooklyn

State  
NY

Zip Code  
11212-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9874061**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Angella, , ,**

Mailing Address 154 Rockaway Pkwy  
Apt 7B

City  
Brooklyn

State  
NY

Zip Code  
11212-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9878850**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Cheryl, , ,**

Mailing Address 94 Angel Dr  
Apt C

City  
Waterbury

State  
CT

Zip Code  
06708-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

**Transaction ID : 9881592**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2479 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Cheryl, , ,**Mailing Address 94 Angel Dr  
Apt CCity  
WaterburyState  
CTZip Code  
06708-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881593

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Cheryl, , ,**Mailing Address 94 Angel Dr  
Apt CCity  
WaterburyState  
CTZip Code  
06708-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881594

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Cheryl, , ,**Mailing Address 94 Angel Dr  
Apt CCity  
WaterburyState  
CTZip Code  
06708-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881595

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2480 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                  |                                                                                                     |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Simpson, Cheryl, , ,</b>               |  |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2025<br><b>Transaction ID : 9876378</b> |  |                     |
| Mailing Address 94 Angel Dr<br>Apt C                                                                                            |  |                                                  | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| City Waterbury                                                                                                                  |  | State CT                                         |                                                                                                     |  | Zip Code 06708-1234 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |  | Occupation (for Individual)<br>NURSING ATTENDANT |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00               |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Simpson, Cheryl, , ,</b>               |  |                                                  |                                                                                                     |  |                     |
| Mailing Address 94 Angel Dr<br>Apt C                                                                                            |  |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2025<br><b>Transaction ID : 9881591</b> |  |                     |
| City Waterbury                                                                                                                  |  | State CT                                         | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |  | Occupation (for Individual)<br>NURSING ATTENDANT |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00               |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Simpson, Keisha, , ,</b>               |  |                                                  |                                                                                                     |  |                     |
| Mailing Address 11920 227th St<br>Null                                                                                          |  |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 02 / 2025<br><b>Transaction ID : 9879394</b> |  |                     |
| City Cambria Heights                                                                                                            |  | State NY                                         | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>New York Presbyterian-Queens (RN)                                                          |  | Occupation (for Individual)<br>REGISTER          |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>240.00               |                                                                                                     |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |  |                                                  | 60.00                                                                                               |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |  |                                                  |                                                                                                     |  |                     |



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2481 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Keisha, , ,**

Mailing Address 11920 227th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9879395**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Keisha, , ,**

Mailing Address 11920 227th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9874288**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Keisha, , ,**

Mailing Address 11920 227th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9879392**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2482 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Keisha, , ,**

Mailing Address 11920 227th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

Transaction ID : 9874289

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Keisha, , ,**

Mailing Address 11920 227th St

Null

City

Cambria Heights

State

NY

Zip Code

11411-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

Transaction ID : 9879393

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Lisa, , ,**

Mailing Address 451 Fulton Ave

City

Hempstead

State

NY

Zip Code

11550-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fulton Commons

Occupation (for Individual)

Activities Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 07    |   | 2025        |

Transaction ID : 9879823

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2483 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Lisa, , ,**

Mailing Address 451 Fulton Ave

City  
HempsteadState  
NYZip Code  
11550-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879824

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Lisa, , ,**

Mailing Address 451 Fulton Ave

City  
HempsteadState  
NYZip Code  
11550-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876721

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Lisa, , ,**

Mailing Address 451 Fulton Ave

City  
HempsteadState  
NYZip Code  
11550-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879821

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2484 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Lisa, , ,**

Mailing Address 451 Fulton Ave

City  
HempsteadState  
NYZip Code  
11550-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9876722

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Lisa, , ,**

Mailing Address 451 Fulton Ave

City  
HempsteadState  
NYZip Code  
11550-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Activities Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9879822

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
JamaicaState  
NYZip Code  
11434-3622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879639

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2485 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
JamaicaState  
NYZip Code  
11434-3622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9876694

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
JamaicaState  
NYZip Code  
11434-3622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879674

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
JamaicaState  
NYZip Code  
11434-3622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879640

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2486 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
Jamaica

State  
NY

Zip Code  
11434-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 02 / 2025

Transaction ID : 9879641

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
Jamaica

State  
NY

Zip Code  
11434-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9875396

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Valerie, , ,**

Mailing Address 15604 132nd Ave

City  
Jamaica

State  
NY

Zip Code  
11434-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9879638

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2487 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sims, Fasyntheia, , ,**

Mailing Address 2 Clinton Avenue Staten Is

City  
Staten IslandState  
NYZip Code  
10301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877331

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sims, Fasyntheia, , ,**

Mailing Address 2 Clinton Avenue Staten Is

City  
Staten IslandState  
NYZip Code  
10301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877332

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sims, Fasyntheia, , ,**

Mailing Address 2 Clinton Avenue Staten Is

City  
Staten IslandState  
NYZip Code  
10301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873584

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2488 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sims, Fasyntheia, , ,**

Mailing Address 2 Clinton Avenue Staten Is

City  
Staten IslandState  
NYZip Code  
10301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9877328

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sims, Fasyntheia, , ,**

Mailing Address 2 Clinton Avenue Staten Is

City  
Staten IslandState  
NYZip Code  
10301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sims, Fasyntheia, , ,**

Mailing Address 2 Clinton Avenue Staten Is

City  
Staten IslandState  
NYZip Code  
10301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CLERICAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877329

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2489 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880841

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880842

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880843

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2490 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876288

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880847

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880844

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2491 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876289

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880848

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9880845

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2492 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876290

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880849

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinanaj, Xhevahire, , ,**Mailing Address 1616 Lurting Ave  
Apt 1City  
BronxState  
NYZip Code  
10461-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880846

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2493 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Nandranie, , ,**

Mailing Address 19712 91st Rd

City  
HollisState  
NYZip Code  
11423-2654FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873777

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Nandranie, , ,**

Mailing Address 19712 91st Rd

City  
HollisState  
NYZip Code  
11423-2654FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holliswood Center for Rehab and HealthOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873778

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Nicholas, , ,**

Mailing Address 3306 Hull Ave

Null

City  
BronxState  
NYZip Code  
10467-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9877876

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2494 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Nicholas, , ,**

Mailing Address 3306 Hull Ave

Null

City  
BronxState  
NYZip Code  
10467-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9877877

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Nicholas, , ,**

Mailing Address 3306 Hull Ave

Null

City  
BronxState  
NYZip Code  
10467-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9877878

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Nicholas, , ,**

Mailing Address 3306 Hull Ave

Null

City  
BronxState  
NYZip Code  
10467-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877879

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

51.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2495 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Nicholas, , ,**

Mailing Address 3306 Hull Ave

Null

City  
BronxState  
NYZip Code  
10467-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876343

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Nicholas, , ,**

Mailing Address 3306 Hull Ave

Null

City  
BronxState  
NYZip Code  
10467-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Service Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9877875

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879746

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

38.62

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2496 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879728

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9879747

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879748

Amount of Each Receipt this Period

4.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

19.24

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2497 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879729

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9879750

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879749

Amount of Each Receipt this Period

4.62

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2498 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9879730

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879751

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
JamaicaState  
NYZip Code  
11435-5609FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Brooklyn Hospital CenterOccupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9879731

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

24.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2499 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
Jamaica

State  
NY

Zip Code  
11435-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

12 / 03 / 2025

Transaction ID : 9875131

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
Jamaica

State  
NY

Zip Code  
11435-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

12 / 03 / 2025

Transaction ID : 9879744

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
Jamaica

State  
NY

Zip Code  
11435-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.12

Date of Receipt

12 / 12 / 2025

Transaction ID : 9875132

Amount of Each Receipt this Period

4.62

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2500 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Omeshwarie, , ,**

Mailing Address 14307 Glassboro Ave

City  
Jamaica

State  
NY

Zip Code  
11435-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brooklyn Hospital Center

Occupation (for Individual)  
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9879745**

Amount of Each Receipt this Period

4.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Valerie, , ,**

Mailing Address 37 Duncan Ave  
Apt 6K

City  
Jersey City

State  
NJ

Zip Code  
07304-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9881457**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Valerie, , ,**

Mailing Address 37 Duncan Ave  
Apt 6K

City  
Jersey City

State  
NJ

Zip Code  
07304-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9874148**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

44.62

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2501 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Singh, Valerie, , ,**Mailing Address 37 Duncan Ave  
Apt 6KCity  
Jersey CityState  
NJZip Code  
07304-2113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9881455

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singh, Valerie, , ,**Mailing Address 37 Duncan Ave  
Apt 6KCity  
Jersey CityState  
NJZip Code  
07304-2113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874149

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Valerie, , ,**Mailing Address 37 Duncan Ave  
Apt 6KCity  
Jersey CityState  
NJZip Code  
07304-2113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881456

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2502 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sio, Florence, , ,**Mailing Address 74 Dartmouth Loop  
FI 2City  
Staten IslandState  
NYZip Code  
10306-4801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9875008

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sio, Florence, , ,**Mailing Address 74 Dartmouth Loop  
FI 2City  
Staten IslandState  
NYZip Code  
10306-4801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9875009

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sio, Florence, , ,**Mailing Address 74 Dartmouth Loop  
FI 2City  
Staten IslandState  
NYZip Code  
10306-4801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9875010

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2503 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sio, Florence, , ,**

Mailing Address 74 Dartmouth Loop  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10306-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9875011**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sio, Florence, , ,**

Mailing Address 74 Dartmouth Loop  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10306-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 28 / 2025

**Transaction ID : 9875012**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sio, Florence, , ,**

Mailing Address 74 Dartmouth Loop  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10306-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 12 / 2025

**Transaction ID : 9875013**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2504 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sio, Florence, , ,**

Mailing Address 74 Dartmouth Loop  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10306-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 25 / 2025

**Transaction ID : 9875014**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sio, Florence, , ,**

Mailing Address 74 Dartmouth Loop  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10306-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2025

**Transaction ID : 9875016**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sio, Florence, , ,**

Mailing Address 74 Dartmouth Loop  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10306-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care Agency

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2025

**Transaction ID : 9875015**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2505 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sio, Florence, , ,**Mailing Address 74 Dartmouth Loop  
Fl 2City  
Staten IslandState  
NYZip Code  
10306-4801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stella Orton Home Care AgencyOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9875017

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Siranula, Suzette, , ,**

Mailing Address 2413 96th St

City  
East ElmhurstState  
NYZip Code  
11369-1213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Criminal Justice Agency-NYCOccupation (for Individual)  
PRETRIAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9875422

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Siranula, Suzette, , ,**

Mailing Address 2413 96th St

City  
East ElmhurstState  
NYZip Code  
11369-1213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Criminal Justice Agency-NYCOccupation (for Individual)  
PRETRIAL ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2025

Transaction ID : 9875418

Amount of Each Receipt this Period

34.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2506 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Siranaula, Suzette, , ,**

Mailing Address 2413 96th St

City

East Elmhurst

State

NY

Zip Code

11369-1213

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Criminal Justice Agency-NYC

Occupation (for Individual)

PRETRIAL ASSOCIATE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 18    |   | 2025        |

Transaction ID : 9875419

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Siranaula, Suzette, , ,**

Mailing Address 2413 96th St

City

East Elmhurst

State

NY

Zip Code

11369-1213

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Criminal Justice Agency-NYC

Occupation (for Individual)

PRETRIAL ASSOCIATE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 18    |   | 2025        |

Transaction ID : 9875420

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Siranaula, Suzette, , ,**

Mailing Address 2413 96th St

City

East Elmhurst

State

NY

Zip Code

11369-1213

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Criminal Justice Agency-NYC

Occupation (for Individual)

PRETRIAL ASSOCIATE

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 18    |   | 2025        |

Transaction ID : 9879297

Amount of Each Receipt this Period

34.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2507 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Siranula, Suzette, , ,**

Mailing Address 2413 96th St

City

East Elmhurst

State

NY

Zip Code

11369-1213

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Criminal Justice Agency-NYC

Occupation (for Individual)

PRETRIAL ASSOCIATE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2025        |

**Transaction ID : 9875421**

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Skervin Wilson, Issa May, , ,**

Mailing Address 45 Walton Ter

City

Monroe

State

NY

Zip Code

10950-1241

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Garnet Health Medical Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 30    | / | 2025        |

**Transaction ID : 9878486**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Skervin Wilson, Issa May, , ,**

Mailing Address 45 Walton Ter

City

Monroe

State

NY

Zip Code

10950-1241

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Garnet Health Medical Center

Occupation (for Individual)

Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 27    | / | 2025        |

**Transaction ID : 9878487**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

74.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2508 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Skervin Wilson, Issa May, , ,**

Mailing Address 45 Walton Ter

City  
MonroeState  
NYZip Code  
10950-1241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9878488

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Skervin Wilson, Issa May, , ,**

Mailing Address 45 Walton Ter

City  
MonroeState  
NYZip Code  
10950-1241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9878489

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Skervin Wilson, Issa May, , ,**

Mailing Address 45 Walton Ter

City  
MonroeState  
NYZip Code  
10950-1241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875269

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2509 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Skervin Wilson, Issa May, , ,**

Mailing Address 45 Walton Ter

City  
MonroeState  
NYZip Code  
10950-1241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garnet Health Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9878485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Small, Greg, , ,**Mailing Address 15039 118th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-2030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9875984

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Small, Greg, , ,**Mailing Address 15039 118th Ave  
NullCity  
JamaicaState  
NYZip Code  
11434-2030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9879702

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2510 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Small, Greg, , ,**

Mailing Address 15039 118th Ave

Null

City

Jamaica

State

NY

Zip Code

11434-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Blood Center

Occupation (for Individual)

Technicians

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 30 2025

Transaction ID : 9875985

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Small, Greg, , ,**

Mailing Address 15039 118th Ave

Null

City

Jamaica

State

NY

Zip Code

11434-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Blood Center

Occupation (for Individual)

Technicians

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 30 2025

Transaction ID : 9879703

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St

Apt 2J

City

New York

State

NY

Zip Code

10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian Hospital

Occupation (for Individual)

Nutrition Host

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 15 2025

Transaction ID : 9881327

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2511 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St  
Apt 2J

City  
New York

State  
NY

Zip Code  
10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881320

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St  
Apt 2J

City  
New York

State  
NY

Zip Code  
10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881321

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St  
Apt 2J

City  
New York

State  
NY

Zip Code  
10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9881328

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2512 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St  
Apt 2J

City  
New York

State  
NY

Zip Code  
10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9881329

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St  
Apt 2J

City  
New York

State  
NY

Zip Code  
10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881322

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smalls, Fatimah, , ,**

Mailing Address 630 W 170th St  
Apt 2J

City  
New York

State  
NY

Zip Code  
10032-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881323

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2513 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smalls, Fatimah, , ,**Mailing Address 630 W 170th St  
Apt 2JCity  
New YorkState  
NYZip Code  
10032-3515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881324

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smalls, Fatimah, , ,**Mailing Address 630 W 170th St  
Apt 2JCity  
New YorkState  
NYZip Code  
10032-3515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874639

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smalls, Fatimah, , ,**Mailing Address 630 W 170th St  
Apt 2JCity  
New YorkState  
NYZip Code  
10032-3515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881326

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2514 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smalls, Fatimah, , ,**Mailing Address 630 W 170th St  
Apt 2JCity  
New YorkState  
NYZip Code  
10032-3515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Nutrition Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881325

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smernoff, Brian, , ,**

Mailing Address 77 -35 171 St

City  
QueensState  
NYZip Code  
11366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9876362

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smernoff, Brian, , ,**

Mailing Address 77 -35 171 St

City  
QueensState  
NYZip Code  
11366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876363

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2515 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smernoff, Brian, , ,**

Mailing Address 77 -35 171 St

City  
QueensState  
NYZip Code  
11366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876364

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smernoff, Brian, , ,**

Mailing Address 77 -35 171 St

City  
QueensState  
NYZip Code  
11366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876365

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smernoff, Brian, , ,**

Mailing Address 77 -35 171 St

City  
QueensState  
NYZip Code  
11366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876366

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

150.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2516 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smernoff, Brian, , ,**

Mailing Address 77 -35 171 St

City  
Queens

State  
NY

Zip Code  
11366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

**Transaction ID : 9876367**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Annakaye, , ,**

Mailing Address 111 Centre Ave  
Unit 650

City  
New Rochelle

State  
NY

Zip Code  
10801-7293

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9878420**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Annakaye, , ,**

Mailing Address 111 Centre Ave  
Unit 650

City  
New Rochelle

State  
NY

Zip Code  
10801-7293

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9878421**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2517 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Annakaye, , ,**

Mailing Address **111 Centre Ave**  
**Unit 650**

City  
New Rochelle

State  
NY

Zip Code  
10801-7293

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**204.00**

Date of Receipt

**08 / 27 / 2025**

**Transaction ID : 9878422**

Amount of Each Receipt this Period

**17.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Annakaye, , ,**

Mailing Address **111 Centre Ave**  
**Unit 650**

City  
New Rochelle

State  
NY

Zip Code  
10801-7293

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**204.00**

Date of Receipt

**09 / 24 / 2025**

**Transaction ID : 9878423**

Amount of Each Receipt this Period

**17.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Annakaye, , ,**

Mailing Address **111 Centre Ave**  
**Unit 650**

City  
New Rochelle

State  
NY

Zip Code  
10801-7293

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**204.00**

Date of Receipt

**12 / 05 / 2025**

**Transaction ID : 9874281**

Amount of Each Receipt this Period

**17.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**51.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2518 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Annakaye, , ,**Mailing Address **111 Centre Ave**  
**Unit 650**City  
**New Rochelle**State  
**NY**Zip Code  
**10801-7293**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**New York Presbyterian-Queens (RN)**Occupation (for Individual)  
**REGISTER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**204.00**

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 05    |   | 2025        |

**Transaction ID : 9878419**

Amount of Each Receipt this Period

**17.00**☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Camilla, , ,**Mailing Address **464 22nd St**City  
**Niagara Falls**State  
**NY**Zip Code  
**14303-1728**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**Schoellkopf Health Center**Occupation (for Individual)  
**CERT.NURSING ASST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**221.52**

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 30    |   | 2025        |

**Transaction ID : 9881786**

Amount of Each Receipt this Period

**18.46**☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Camilla, , ,**Mailing Address **464 22nd St**City  
**Niagara Falls**State  
**NY**Zip Code  
**14303-1728**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**Schoellkopf Health Center**Occupation (for Individual)  
**CERT.NURSING ASST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**221.52**

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 29    |   | 2025        |

**Transaction ID : 9881785**

Amount of Each Receipt this Period

**27.69**☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**63.15**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2519 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Camilla, , ,**

Mailing Address 464 22nd St

City  
Niagara Falls

State  
NY

Zip Code  
14303-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schoellkopf Health Center

Occupation (for Individual)  
CERT.NURSING ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9881787

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Camilla, , ,**

Mailing Address 464 22nd St

City  
Niagara Falls

State  
NY

Zip Code  
14303-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schoellkopf Health Center

Occupation (for Individual)  
CERT.NURSING ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9881789

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Camilla, , ,**

Mailing Address 464 22nd St

City  
Niagara Falls

State  
NY

Zip Code  
14303-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schoellkopf Health Center

Occupation (for Individual)  
CERT.NURSING ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9875700

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2520 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Camilla, , ,**

Mailing Address 464 22nd St

City  
Niagara FallsState  
NYZip Code  
14303-1728FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schoellkopf Health CenterOccupation (for Individual)  
CERT.NURSING ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9881784

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9873325

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9873326

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

38.46

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2521 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**07 / 15 / 2025**

**Transaction ID : 9873327**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**07 / 22 / 2025**

**Transaction ID : 9873328**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**08 / 05 / 2025**

**Transaction ID : 9873329**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2522 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2025

**Transaction ID : 9873330**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2025

**Transaction ID : 9873331**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2025

**Transaction ID : 9873332**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2523 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9873333

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9873334

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9873335

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2524 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025**Transaction ID : 9873338**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025**Transaction ID : 9873336**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilitOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025**Transaction ID : 9873337**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2525 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 07 / 2025**

**Transaction ID : 9873339**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 15 / 2025**

**Transaction ID : 9873340**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 21 / 2025**

**Transaction ID : 9873341**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2526 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 28 / 2025**

**Transaction ID : 9873342**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**11 / 05 / 2025**

**Transaction ID : 9873344**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabilit

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**11 / 19 / 2025**

**Transaction ID : 9873343**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2527 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabil

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9873345**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabil

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9873346**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
Hudson

State  
NY

Zip Code  
12534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and Rehabil

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 05 / 2025

**Transaction ID : 9873347**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2528 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873348

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873349

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Crystal, , ,**

Mailing Address 234 Robinson St

City  
HudsonState  
NYZip Code  
12534-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Livingston Hills Nursing and RehabilOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873350

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2529 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874482

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9880898

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9874481

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2530 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**

Mailing Address 121 Bermuda Blvd  
Apt 121

City  
Poughkeepsie

State  
NY

Zip Code  
12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2025

Transaction ID : 9880897

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**

Mailing Address 121 Bermuda Blvd  
Apt 121

City  
Poughkeepsie

State  
NY

Zip Code  
12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9874483

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**

Mailing Address 121 Bermuda Blvd  
Apt 121

City  
Poughkeepsie

State  
NY

Zip Code  
12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9880899

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2531 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874484

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880900

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874485

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2532 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880901

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9874487

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9880903

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2533 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121City  
PoughkeepsieState  
NYZip Code  
12603-7002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9874486

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121City  
PoughkeepsieState  
NYZip Code  
12603-7002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880902

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121City  
PoughkeepsieState  
NYZip Code  
12603-7002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9874488

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2534 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**

Mailing Address 121 Bermuda Blvd  
Apt 121

City  
Poughkeepsie

State  
NY

Zip Code  
12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

**Transaction ID : 9880904**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**

Mailing Address 121 Bermuda Blvd  
Apt 121

City  
Poughkeepsie

State  
NY

Zip Code  
12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9874489**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**

Mailing Address 121 Bermuda Blvd  
Apt 121

City  
Poughkeepsie

State  
NY

Zip Code  
12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9874491**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2535 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874490

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874492

Amount of Each Receipt this Period

10.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121

City

Poughkeepsie

State

NY

Zip Code

12603-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874493

Amount of Each Receipt this Period

10.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2536 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121City  
PoughkeepsieState  
NYZip Code  
12603-7002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874494

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Donna, , ,**Mailing Address 121 Bermuda Blvd  
Apt 121City  
PoughkeepsieState  
NYZip Code  
12603-7002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9874495

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9879547

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2537 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879546

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879548

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone ParkState  
NYZip Code  
11420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879549

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2538 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone Park

State  
NY

Zip Code  
11420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of N

Occupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2025

**Transaction ID : 9879550**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone Park

State  
NY

Zip Code  
11420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of N

Occupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9873561**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Eunice, , ,**

Mailing Address 130 -17 109 Ave South Ozone Park

City  
South Ozone Park

State  
NY

Zip Code  
11420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of N

Occupation (for Individual)  
Direct Care Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9879545**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2539 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Gregory, , ,**Mailing Address 94 E 52nd St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11203-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
AIDES & ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881002

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Gregory, , ,**Mailing Address 94 E 52nd St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11203-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
AIDES & ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9881003

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Gregory, , ,**Mailing Address 94 E 52nd St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11203-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
AIDES & ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9881004

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2540 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Gregory, , ,**Mailing Address 94 E 52nd St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11203-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
AIDES & ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9881005

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Gregory, , ,**Mailing Address 94 E 52nd St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11203-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
AIDES & ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9875851

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Gregory, , ,**Mailing Address 94 E 52nd St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11203-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheepshead Nursing HomeOccupation (for Individual)  
AIDES & ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9881001

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2541 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Horace, , ,**Mailing Address 2139 Glebe Ave  
Apt 2RCity  
BronxState  
NYZip Code  
10462-5167FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874922

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Horace, , ,**Mailing Address 2139 Glebe Ave  
Apt 2RCity  
BronxState  
NYZip Code  
10462-5167FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874923

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa LockaState  
FLZip Code  
33054-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9882089

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2542 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa LockaState  
FLZip Code  
33054-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9882091

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa LockaState  
FLZip Code  
33054-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9882092

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa LockaState  
FLZip Code  
33054-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882090

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2543 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa Locka

State  
FL

Zip Code  
33054-4035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 01 / 2025**

**Transaction ID : 9882093**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa Locka

State  
FL

Zip Code  
33054-4035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 29 / 2025**

**Transaction ID : 9874077**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Jacquelyn, , ,**

Mailing Address 2490 NW 139th St

City  
Opa Locka

State  
FL

Zip Code  
33054-4035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Hampton Court Nursing & Rehab Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 29 / 2025**

**Transaction ID : 9882088**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2544 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kiara, , ,**

Mailing Address 124 Clay Ave

City  
Rochester

State  
NY

Zip Code  
14613-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)  
Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2025

**Transaction ID : 9881801**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Kiara, , ,**

Mailing Address 124 Clay Ave

City  
Rochester

State  
NY

Zip Code  
14613-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)  
Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2025

**Transaction ID : 9881802**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Kiara, , ,**

Mailing Address 124 Clay Ave

City  
Rochester

State  
NY

Zip Code  
14613-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)  
Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

MM / DD / YYYY  
12 / 19 / 2025

**Transaction ID : 9873370**

Amount of Each Receipt this Period

18.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2545 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kiara, , ,**

Mailing Address 124 Clay Ave

City  
Rochester

State  
NY

Zip Code  
14613-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of Rochester

Occupation (for Individual)  
Phlebotomist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9881800**

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Kieran, , ,**

Mailing Address 50 E 104th St  
Apt 3A

City  
New York

State  
NY

Zip Code  
10029-4561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Receiving Stores Attendant A1-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9877213**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Kieran, , ,**

Mailing Address 50 E 104th St  
Apt 3A

City  
New York

State  
NY

Zip Code  
10029-4561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Receiving Stores Attendant A1-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9877214**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

58.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2546 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kieran, , ,**Mailing Address 50 E 104th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10029-4561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Receiving Stores Attendant A1-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877215

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Kieran, , ,**Mailing Address 50 E 104th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10029-4561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Receiving Stores Attendant A1-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877216

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Kieran, , ,**Mailing Address 50 E 104th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10029-4561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Receiving Stores Attendant A1-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876120

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2547 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kieran, , ,**Mailing Address 50 E 104th St  
Apt 3ACity  
New YorkState  
NYZip Code  
10029-4561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Receiving Stores Attendant A1-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877212

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Michell, , ,**Mailing Address 150 E 182nd St  
Apt 111City  
BronxState  
NYZip Code  
10453-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sprain Brook Manor NHOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9880889

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Michell, , ,**Mailing Address 150 E 182nd St  
Apt 111City  
BronxState  
NYZip Code  
10453-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sprain Brook Manor NHOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880890

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2548 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Michell, , ,**Mailing Address 150 E 182nd St  
Apt 111City  
BronxState  
NYZip Code  
10453-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sprain Brook Manor NHOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875972

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Michell, , ,**Mailing Address 150 E 182nd St  
Apt 111City  
BronxState  
NYZip Code  
10453-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sprain Brook Manor NHOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9880887

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Michell, , ,**Mailing Address 150 E 182nd St  
Apt 111City  
BronxState  
NYZip Code  
10453-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sprain Brook Manor NHOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875973

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2549 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Michell, , ,**Mailing Address 150 E 182nd St  
Apt 111City  
BronxState  
NYZip Code  
10453-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sprain Brook Manor NHOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9880888

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Nicholas, , ,**Mailing Address 38 Topliff St  
Apt 1

City

Dorchester

State  
MAZip Code  
02122-3672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880837

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Nicholas, , ,**Mailing Address 38 Topliff St  
Apt 1

City

Dorchester

State  
MAZip Code  
02122-3672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880838

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2550 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Nicholas, , ,**Mailing Address 38 Topliff St  
Apt 1City  
DorchesterState  
MAZip Code  
02122-3672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880839

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Nicholas, , ,**Mailing Address 38 Topliff St  
Apt 1City  
DorchesterState  
MAZip Code  
02122-3672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880840

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Nicholas, , ,**Mailing Address 38 Topliff St  
Apt 1City  
DorchesterState  
MAZip Code  
02122-3672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876769

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2551 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Nicholas, , ,**Mailing Address 38 Topliff St  
Apt 1City  
DorchesterState  
MAZip Code  
02122-3672FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880836

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Oneka, , ,**Mailing Address 3243 Eastchester Rd  
Apt 21City  
BronxState  
NYZip Code  
10469-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881111

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Oneka, , ,**Mailing Address 3243 Eastchester Rd  
Apt 21City  
BronxState  
NYZip Code  
10469-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9876209

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2552 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Oneka, , ,**Mailing Address 3243 Eastchester Rd  
Apt 21City  
BronxState  
NYZip Code  
10469-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9876210

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Oneka, , ,**Mailing Address 3243 Eastchester Rd  
Apt 21City  
BronxState  
NYZip Code  
10469-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876211

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Oneka, , ,**Mailing Address 3243 Eastchester Rd  
Apt 21City  
BronxState  
NYZip Code  
10469-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876212

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2553 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Oneka, , ,**Mailing Address 3243 Eastchester Rd  
Apt 21City  
BronxState  
NYZip Code  
10469-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Messenger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876213

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Sandra, , ,**Mailing Address 3349 Tiemann Ave  
Apt 16City  
BronxState  
NYZip Code  
10469-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880938

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Sandra, , ,**Mailing Address 3349 Tiemann Ave  
Apt 16City  
BronxState  
NYZip Code  
10469-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880939

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2554 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Sandra, , ,**Mailing Address 3349 Tiemann Ave  
Apt 16City  
BronxState  
NYZip Code  
10469-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876156

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Sandra, , ,**Mailing Address 3349 Tiemann Ave  
Apt 16City  
BronxState  
NYZip Code  
10469-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880936

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Sandra, , ,**Mailing Address 3349 Tiemann Ave  
Apt 16City  
BronxState  
NYZip Code  
10469-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876157

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2555 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Sandra, , ,**Mailing Address 3349 Tiemann Ave  
Apt 16City  
BronxState  
NYZip Code  
10469-2721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Care Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880937

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Sharon, , ,**

Mailing Address 10233 183rd Pl

City  
HollisState  
NYZip Code  
11423-3101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Telemetry Technician (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879600

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Sharon, , ,**

Mailing Address 10233 183rd Pl

City  
HollisState  
NYZip Code  
11423-3101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Telemetry Technician (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879601

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2556 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Sharon, , ,**

Mailing Address 10233 183rd Pl

City  
HollisState  
NYZip Code  
11423-3101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Telemetry Technician (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025**Transaction ID : 9874538**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Sharon, , ,**

Mailing Address 10233 183rd Pl

City  
HollisState  
NYZip Code  
11423-3101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Telemetry Technician (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025**Transaction ID : 9879598**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Sharon, , ,**

Mailing Address 10233 183rd Pl

City  
HollisState  
NYZip Code  
11423-3101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Telemetry Technician (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025**Transaction ID : 9874539**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2557 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Sharon, , ,**

Mailing Address 10233 183rd Pl

City  
HollisState  
NYZip Code  
11423-3101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Telemetry Technician (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879599

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880414

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9873808

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2558 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9880408

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873809

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880409

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2559 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9873811

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9880411

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9873810

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2560 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9880410

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9873812

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880412

Amount of Each Receipt this Period

9.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

27.72

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2561 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873813

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Tomeka, , ,**

Mailing Address 58 Montrepose Ave

City  
KingstonState  
NYZip Code  
12401-6526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
UNIT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880413

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith-Kelly, Norma, , ,**

Mailing Address 3452 Corsa Ave

City  
BronxState  
NYZip Code  
10469-1823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878008

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2562 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith-Kelly, Norma, , ,**

Mailing Address 3452 Corsa Ave

City  
BronxState  
NYZip Code  
10469-1823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9878009

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith-Kelly, Norma, , ,**

Mailing Address 3452 Corsa Ave

City  
BronxState  
NYZip Code  
10469-1823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9876646

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith-Kelly, Norma, , ,**

Mailing Address 3452 Corsa Ave

City  
BronxState  
NYZip Code  
10469-1823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878006

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2563 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith-Kelly, Norma, , ,**

Mailing Address 3452 Corsa Ave

City  
Bronx

State  
NY

Zip Code  
10469-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens Circle

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 08 / 2025

Transaction ID : 9876647

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith-Kelly, Norma, , ,**

Mailing Address 3452 Corsa Ave

City  
Bronx

State  
NY

Zip Code  
10469-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens Circle

Occupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 08 / 2025

Transaction ID : 9878007

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith-Trusty, Jennifer, , ,**

Mailing Address 1160 E 229 TH St  
Apt 10C

City  
Bronx

State  
NY

Zip Code  
10466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutton Park for Nursing Rehabilitation

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2025

Transaction ID : 9877850

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2564 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith-Trusty, Jennifer, , ,**Mailing Address 1160 E 229 TH St  
Apt 10CCity  
BronxState  
NYZip Code  
10466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutton Park for Nursing RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9877851

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith-Trusty, Jennifer, , ,**Mailing Address 1160 E 229 TH St  
Apt 10CCity  
BronxState  
NYZip Code  
10466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutton Park for Nursing RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9877852

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith-Trusty, Jennifer, , ,**Mailing Address 1160 E 229 TH St  
Apt 10CCity  
BronxState  
NYZip Code  
10466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutton Park for Nursing RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873946

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2565 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith-Trusty, Jennifer, , ,**Mailing Address 1160 E 229 TH St  
Apt 10CCity  
BronxState  
NYZip Code  
10466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutton Park for Nursing RehabilitationOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9877849

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Snell, Maleasha, , ,**Mailing Address 4648 State Route 414  
Lot 49

City

Beaver Dams

State  
NYZip Code  
14812-9213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9881833

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snell, Maleasha, , ,**Mailing Address 4648 State Route 414  
Lot 49

City

Beaver Dams

State  
NYZip Code  
14812-9213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881834

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2566 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Snell, Maleasha, , ,**

Mailing Address 4648 State Route 414  
Lot 49

City  
Beaver Dams

State  
NY

Zip Code  
14812-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2025

**Transaction ID : 9881835**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Snell, Maleasha, , ,**

Mailing Address 4648 State Route 414  
Lot 49

City  
Beaver Dams

State  
NY

Zip Code  
14812-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

**Transaction ID : 9881837**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snell, Maleasha, , ,**

Mailing Address 4648 State Route 414  
Lot 49

City  
Beaver Dams

State  
NY

Zip Code  
14812-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9876585**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2567 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Snell, Maleasha, , ,**Mailing Address 4648 State Route 414  
Lot 49City  
Beaver DamsState  
NYZip Code  
14812-9213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9881829

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Snell, Maleasha, , ,**Mailing Address 4648 State Route 414  
Lot 49City  
Beaver DamsState  
NYZip Code  
14812-9213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876586

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snell, Maleasha, , ,**Mailing Address 4648 State Route 414  
Lot 49City  
Beaver DamsState  
NYZip Code  
14812-9213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881830

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2568 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Snell, Maleasha, , ,**

Mailing Address 4648 State Route 414  
Lot 49

City  
Beaver Dams

State  
NY

Zip Code  
14812-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 20 / 2025

Transaction ID : 9876588

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Snell, Maleasha, , ,**

Mailing Address 4648 State Route 414  
Lot 49

City  
Beaver Dams

State  
NY

Zip Code  
14812-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 20 / 2025

Transaction ID : 9881832

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snell, Maleasha, , ,**

Mailing Address 4648 State Route 414  
Lot 49

City  
Beaver Dams

State  
NY

Zip Code  
14812-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning Hospital

Occupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9876587

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2569 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Snell, Maleasha, , ,**Mailing Address 4648 State Route 414  
Lot 49City  
Beaver DamsState  
NYZip Code  
14812-9213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corning HospitalOccupation (for Individual)  
Technical Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9881831

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City  
Fort LauderdaleState  
FLZip Code  
33311-6613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Woodmont HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9881477

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City  
Fort LauderdaleState  
FLZip Code  
33311-6613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Woodmont HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881836

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2570 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311-6613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9874959**

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311-6613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : 9877461**

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311-6613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

**Transaction ID : 9874960**

Amount of Each Receipt this Period

10.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2571 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311-6613

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 07    |   | 2025        |

Transaction ID : 9877899

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311-6613

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

Transaction ID : 9874961

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soini, Tatiana, , ,**

Mailing Address 3011 NW 8th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311-6613

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

Transaction ID : 9881218

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2572 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Solla, Minerva, , ,**

Mailing Address 101 Elisa Landi Dr

City  
KingstonState  
NYZip Code  
12401-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882717

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Solla, Minerva, , ,**

Mailing Address 101 Elisa Landi Dr

City  
KingstonState  
NYZip Code  
12401-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882718

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Solla, Minerva, , ,**

Mailing Address 101 Elisa Landi Dr

City  
KingstonState  
NYZip Code  
12401-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9882719

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2573 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Solla, Minerva, , ,**

Mailing Address 101 Elisa Landi Dr

City  
KingstonState  
NYZip Code  
12401-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882720

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Solla, Minerva, , ,**

Mailing Address 101 Elisa Landi Dr

City  
KingstonState  
NYZip Code  
12401-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875354

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Solla, Minerva, , ,**

Mailing Address 101 Elisa Landi Dr

City  
KingstonState  
NYZip Code  
12401-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882716

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2574 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sooknanan, Rohan, , ,**Mailing Address 14502 Tuskegee Airmen Way  
Apt 2FCity  
JamaicaState  
NYZip Code  
11435-5177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9881309

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sooknanan, Rohan, , ,**Mailing Address 14502 Tuskegee Airmen Way  
Apt 2FCity  
JamaicaState  
NYZip Code  
11435-5177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9881310

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sooknanan, Rohan, , ,**Mailing Address 14502 Tuskegee Airmen Way  
Apt 2FCity  
JamaicaState  
NYZip Code  
11435-5177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873403

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2575 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sooknanan, Rohan, , ,

Mailing Address 14502 Tuskegee Airmen Way  
Apt 2FCity  
JamaicaState  
NYZip Code  
11435-5177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881307

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sooknanan, Rohan, , ,

Mailing Address 14502 Tuskegee Airmen Way  
Apt 2FCity  
JamaicaState  
NYZip Code  
11435-5177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873404

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sooknanan, Rohan, , ,

Mailing Address 14502 Tuskegee Airmen Way  
Apt 2FCity  
JamaicaState  
NYZip Code  
11435-5177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Brooklyn Methodi

Occupation (for Individual)

Storeroom Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881308

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2576 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soto - Madruga, Mayte, , ,**

Mailing Address 7285 W 34th Ln

City  
Hialeah

State  
FL

Zip Code  
33018-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 1 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

**Transaction ID : 9882058**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soto - Madruga, Mayte, , ,**

Mailing Address 7285 W 34th Ln

City  
Hialeah

State  
FL

Zip Code  
33018-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 1 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9875316**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soto - Madruga, Mayte, , ,**

Mailing Address 7285 W 34th Ln

City  
Hialeah

State  
FL

Zip Code  
33018-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 1 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9882056**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2577 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soto - Madruga, Mayte, , ,**

Mailing Address 7285 W 34th Ln

City  
HialeahState  
FLZip Code  
33018-1767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 1 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882057

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soto, Enrique, , ,**Mailing Address 3100 Decatur Ave  
NullCity  
BronxState  
NYZip Code  
10467-4707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albert Einstein College of MedicineOccupation (for Individual)  
Utility Worker - Night Shift

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9882507

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soto, Enrique, , ,**Mailing Address 3100 Decatur Ave  
NullCity  
BronxState  
NYZip Code  
10467-4707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albert Einstein College of MedicineOccupation (for Individual)  
Utility Worker - Night Shift

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9882508

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2578 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soto, Enrique, , ,**Mailing Address 3100 Decatur Ave  
NullCity  
BronxState  
NYZip Code  
10467-4707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albert Einstein College of MedicineOccupation (for Individual)  
Utility Worker - Night Shift

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874181

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soto, Enrique, , ,**Mailing Address 3100 Decatur Ave  
NullCity  
BronxState  
NYZip Code  
10467-4707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albert Einstein College of MedicineOccupation (for Individual)  
Utility Worker - Night Shift

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9882505

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soto, Enrique, , ,**Mailing Address 3100 Decatur Ave  
NullCity  
BronxState  
NYZip Code  
10467-4707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albert Einstein College of MedicineOccupation (for Individual)  
Utility Worker - Night Shift

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874182

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2579 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soto, Enrique, , ,

Mailing Address 3100 Decatur Ave

Null

City  
BronxState  
NYZip Code  
10467-4707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albert Einstein College of MedicineOccupation (for Individual)  
Utility Worker - Night Shift

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9882506

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Soto, Tiffany, , ,

Mailing Address 115 -26 159 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Client Services Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879695

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soto, Tiffany, , ,

Mailing Address 115 -26 159 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Client Services Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879696

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2580 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soto, Tiffany, , ,**

Mailing Address 115 -26 159 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Client Services Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879697

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soto, Tiffany, , ,**

Mailing Address 115 -26 159 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Client Services Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9879698

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soto, Tiffany, , ,**

Mailing Address 115 -26 159 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Client Services Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876042

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2581 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soto, Tiffany, , ,**

Mailing Address 115 -26 159 St

City  
JamaicaState  
NYZip Code  
11434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Laboratory Client Services Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879694

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spann, Lauren T, , ,**Mailing Address 405 Dumont Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11212-7374FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sapphire Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9878880

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spann, Lauren T, , ,**Mailing Address 405 Dumont Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11212-7374FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sapphire Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878881

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2582 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spann, Lauren T, , ,**

Mailing Address 405 Dumont Ave  
Apt 2

City  
Brooklyn

State  
NY

Zip Code  
11212-7374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sapphire Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 05 / 2025

**Transaction ID : 9873525**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spann, Lauren T, , ,**

Mailing Address 405 Dumont Ave  
Apt 2

City  
Brooklyn

State  
NY

Zip Code  
11212-7374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sapphire Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 05 / 2025

**Transaction ID : 9878878**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spann, Lauren T, , ,**

Mailing Address 405 Dumont Ave  
Apt 2

City  
Brooklyn

State  
NY

Zip Code  
11212-7374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sapphire Center for Rehabilitation and

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9873526**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2583 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spann, Lauren T, , ,**Mailing Address 405 Dumont Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11212-7374FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sapphire Center for Rehabilitation andOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9878879

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Speller, Gregory, , ,**

Mailing Address 79 Wrentham St

City  
KingstonState  
NYZip Code  
12401-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880369

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Speller, Gregory, , ,**

Mailing Address 79 Wrentham St

City  
KingstonState  
NYZip Code  
12401-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880370

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2584 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Speller, Gregory, , ,**

Mailing Address 79 Wrentham St

City  
Kingston

State  
NY

Zip Code  
12401-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9880371**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Speller, Gregory, , ,**

Mailing Address 79 Wrentham St

City  
Kingston

State  
NY

Zip Code  
12401-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880372**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Speller, Gregory, , ,**

Mailing Address 79 Wrentham St

City  
Kingston

State  
NY

Zip Code  
12401-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876848**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2585 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Speller, Gregory, , ,**

Mailing Address 79 Wrentham St

City  
KingstonState  
NYZip Code  
12401-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880368

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spence, Adrian, , ,**Mailing Address 11 Park Ave  
Apt 6ECity  
Mount VernonState  
NYZip Code  
10550-2173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II P/

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878187

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spence, Adrian, , ,**Mailing Address 11 Park Ave  
Apt 6ECity  
Mount VernonState  
NYZip Code  
10550-2173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878188

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2586 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spence, Adrian, , ,**Mailing Address 11 Park Ave  
Apt 6E

City

Mount Vernon

State

NY

Zip Code

10550-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876310

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spence, Adrian, , ,**Mailing Address 11 Park Ave  
Apt 6E

City

Mount Vernon

State

NY

Zip Code

10550-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878184

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spence, Adrian, , ,**Mailing Address 11 Park Ave  
Apt 6E

City

Mount Vernon

State

NY

Zip Code

10550-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876311

Amount of Each Receipt this Period

20.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2587 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spence, Adrian, , ,**

Mailing Address **11 Park Ave**  
**Apt 6E**

City  
Mount Vernon

State  
NY

Zip Code  
10550-2173

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**12 / 12 / 2025**

**Transaction ID : 9878186**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spencer-Bryan, Nicole, , ,**

Mailing Address **419 Wilson Ave**  
**Apt 2**

City  
Brooklyn

State  
NY

Zip Code  
11221-5012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**07 / 30 / 2025**

**Transaction ID : 9878970**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spencer-Bryan, Nicole, , ,**

Mailing Address **419 Wilson Ave**  
**Apt 2**

City  
Brooklyn

State  
NY

Zip Code  
11221-5012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 01 / 2025**

**Transaction ID : 9878969**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**65.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2588 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spencer-Bryan, Nicole, , ,**Mailing Address 419 Wilson Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11221-5012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9873707

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spencer-Bryan, Nicole, , ,**Mailing Address 419 Wilson Ave  
Apt 2City  
BrooklynState  
NYZip Code  
11221-5012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9878968

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
Fl 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9880733

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2589 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880735

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9880734

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880737

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2590 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9873729

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9880729

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Springer, Colleen, , ,**Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873730

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2591 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Springer, Colleen, , ,

Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9880730

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Springer, Colleen, , ,

Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9873731

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Springer, Colleen, , ,

Mailing Address 1228 E 35th St  
FI 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9880731

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2592 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Springer, Colleen, , ,

Mailing Address 1228 E 35th St  
FL 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9873732

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Springer, Colleen, , ,

Mailing Address 1228 E 35th St  
FL 1City  
BrooklynState  
NYZip Code  
11210-4822FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Midwood Community HospitalOccupation (for Individual)  
Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9880732

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. St Louis, Lucner, , ,

Mailing Address 844 5th Ave S

City  
Saint PetersburgState  
FLZip Code  
33701-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9882321

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

45.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2593 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. St Louis, Lucner, , ,**

Mailing Address 844 5th Ave S

City  
Saint PetersburgState  
FLZip Code  
33701-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9882322

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. St Louis, Lucner, , ,**

Mailing Address 844 5th Ave S

City  
Saint PetersburgState  
FLZip Code  
33701-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875323

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. St Louis, Lucner, , ,**

Mailing Address 844 5th Ave S

City  
Saint PetersburgState  
FLZip Code  
33701-4532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Housekeeping Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9882320

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2594 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. St.Valliere, Regina, , ,**

Mailing Address 285 Lincoln Ave  
Null

City  
Orange

State  
NJ

Zip Code  
07050-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare Center

Occupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9882461

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. St.Valliere, Regina, , ,**

Mailing Address 285 Lincoln Ave  
Null

City  
Orange

State  
NJ

Zip Code  
07050-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare Center

Occupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9882462

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. St.Valliere, Regina, , ,**

Mailing Address 285 Lincoln Ave  
Null

City  
Orange

State  
NJ

Zip Code  
07050-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare Center

Occupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9882460

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

70.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2595 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. St.Valliere, Regina, , ,**

Mailing Address 285 Lincoln Ave  
Null

City  
Orange

State  
NJ

Zip Code  
07050-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare Center

Occupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9874957**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. St.Valliere, Regina, , ,**

Mailing Address 285 Lincoln Ave  
Null

City  
Orange

State  
NJ

Zip Code  
07050-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare Center

Occupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9874958**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. St.Valliere, Regina, , ,**

Mailing Address 285 Lincoln Ave  
Null

City  
Orange

State  
NJ

Zip Code  
07050-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare Center

Occupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9882458**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2596 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. St.Valliere, Regina, , ,**Mailing Address 285 Lincoln Ave  
NullCity  
OrangeState  
NJZip Code  
07050-2373FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forest Hill Healthcare CenterOccupation (for Individual)  
Dietary-Dining Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9882459

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stack, Angelica, , ,**Mailing Address 524 E 236th St  
Apt 2CCity  
BronxState  
NYZip Code  
10470-2334FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9878012

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stack, Angelica, , ,**Mailing Address 524 E 236th St  
Apt 2CCity  
BronxState  
NYZip Code  
10470-2334FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874196

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2597 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stack, Angelica, , ,**

Mailing Address 524 E 236th St  
Apt 2C

City  
Bronx

State  
NY

Zip Code  
10470-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9878010**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stack, Angelica, , ,**

Mailing Address 524 E 236th St  
Apt 2C

City  
Bronx

State  
NY

Zip Code  
10470-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9874197**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stack, Angelica, , ,**

Mailing Address 524 E 236th St  
Apt 2C

City  
Bronx

State  
NY

Zip Code  
10470-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Laboratory Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

**Transaction ID : 9878011**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2598 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stathum, Jayron (jaye), , ,**Mailing Address 252 Beachway Ave  
Unit 625City  
KeansburgState  
NJZip Code  
07734-1890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Walter Nursing HomeOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877132

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stathum, Jayron (jaye), , ,**Mailing Address 252 Beachway Ave  
Unit 625City  
KeansburgState  
NJZip Code  
07734-1890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Walter Nursing HomeOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9877133

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stathum, Jayron (jaye), , ,**Mailing Address 252 Beachway Ave  
Unit 625City  
KeansburgState  
NJZip Code  
07734-1890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Walter Nursing HomeOccupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9877134

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2599 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stathum, Jayron (jaye), , ,**

Mailing Address 252 Beachway Ave  
Unit 625

City  
Keansburg

State  
NJ

Zip Code  
07734-1890

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Walter Nursing Home

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : 9875565**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stathum, Jayron (jaye), , ,**

Mailing Address 252 Beachway Ave  
Unit 625

City  
Keansburg

State  
NJ

Zip Code  
07734-1890

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Walter Nursing Home

Occupation (for Individual)  
Certified Nurse Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : 9877131**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Steers, Krystal, , ,**

Mailing Address 19 Reilly Rd  
Null

City  
Chester

State  
NY

Zip Code  
10918-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood Center

Occupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

**Transaction ID : 9875987**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2600 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Steers, Krystal, , ,**Mailing Address 19 Reilly Rd  
NullCity  
ChesterState  
NYZip Code  
10918-2636FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878439

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Steers, Krystal, , ,**Mailing Address 19 Reilly Rd  
NullCity  
ChesterState  
NYZip Code  
10918-2636FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9875988

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Steers, Krystal, , ,**Mailing Address 19 Reilly Rd  
NullCity  
ChesterState  
NYZip Code  
10918-2636FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Blood CenterOccupation (for Individual)  
Technicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9878440

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2601 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Steinberg, Miriam, , ,**Mailing Address 2649 E 65th St  
NullCity  
BrooklynState  
NYZip Code  
11234-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2025

Transaction ID : 9876731

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Steinberg, Miriam, , ,**Mailing Address 2649 E 65th St  
NullCity  
BrooklynState  
NYZip Code  
11234-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2025

Transaction ID : 9879116

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Steinberg, Miriam, , ,**Mailing Address 2649 E 65th St  
NullCity  
BrooklynState  
NYZip Code  
11234-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876732

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2602 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Steinberg, Miriam, , ,**

Mailing Address 2649 E 65th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11234-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBI

Occupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9879117**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Steinberg, Miriam, , ,**

Mailing Address 2649 E 65th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11234-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBI

Occupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9876733**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Steinberg, Miriam, , ,**

Mailing Address 2649 E 65th St  
Null

City  
Brooklyn

State  
NY

Zip Code  
11234-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBI

Occupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : 9879118**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2603 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Steinberg, Miriam, , ,**Mailing Address 2649 E 65th St  
NullCity  
BrooklynState  
NYZip Code  
11234-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876735

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Steinberg, Miriam, , ,**Mailing Address 2649 E 65th St  
NullCity  
BrooklynState  
NYZip Code  
11234-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9876734

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Steinberg, Miriam, , ,**Mailing Address 2649 E 65th St  
NullCity  
BrooklynState  
NYZip Code  
11234-6823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY-JACOBIOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9879119

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2604 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stephenson, Sharon, , ,**

Mailing Address 33 Stirrup Ln

City  
Pleasant Valley

State  
NY

Zip Code  
12569-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore New Rochelle Hospital

Occupation (for Individual)  
Mnr-Er Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.70

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9874457**

Amount of Each Receipt this Period

25.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stephenson, Sharon, , ,**

Mailing Address 33 Stirrup Ln

City  
Pleasant Valley

State  
NY

Zip Code  
12569-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore New Rochelle Hospital

Occupation (for Individual)  
Mnr-Er Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.70

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9880516**

Amount of Each Receipt this Period

25.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stephenson, Sharon, , ,**

Mailing Address 33 Stirrup Ln

City  
Pleasant Valley

State  
NY

Zip Code  
12569-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore New Rochelle Hospital

Occupation (for Individual)  
Mnr-Er Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256.70

Date of Receipt

08 / 22 / 2025

**Transaction ID : 9874458**

Amount of Each Receipt this Period

25.67

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

77.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2605 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stephenson, Sharon, , ,**

Mailing Address 33 Stirrup Ln

City  
Pleasant Valley

State  
NY

Zip Code  
12569-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore New Rochelle Hospital

Occupation (for Individual)  
Mnr-Er Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9874459**

Amount of Each Receipt this Period

25.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stewart, Michele, , ,**

Mailing Address 1415 Sunnyside Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

**Transaction ID : 9879996**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stewart, Michele, , ,**

Mailing Address 1415 Sunnyside Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : 9879995**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2606 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stewart, Michele, , ,**

Mailing Address 1415 Sunnyside Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 03 / 2025

**Transaction ID : 9873694**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stewart, Michele, , ,**

Mailing Address 1415 Sunnyside Ave

City  
Far Rockaway

State  
NY

Zip Code  
11691-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buena Vida Rehabilitation and Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 03 / 2025

**Transaction ID : 9879994**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

07 / 02 / 2025

**Transaction ID : 9880691**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

49.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2607 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
KenmoreState  
NYZip Code  
14217-2361FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9880693

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
KenmoreState  
NYZip Code  
14217-2361FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9880694

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
KenmoreState  
NYZip Code  
14217-2361FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida HealthOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9880692

Amount of Each Receipt this Period

9.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2608 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

**Transaction ID : 9880695**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2025

**Transaction ID : 9876654**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2025

**Transaction ID : 9880687**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9876655**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

11 / 19 / 2025

**Transaction ID : 9880688**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9876656**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2610 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9880689**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9876657**

Amount of Each Receipt this Period

9.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stoll, Michele, , ,**

Mailing Address 115 Westgate Rd

City  
Kenmore

State  
NY

Zip Code  
14217-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaleida Health

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9880690**

Amount of Each Receipt this Period

9.23

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 2611 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stone, Erica, , ,**Mailing Address 3232 Radcliff Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881249

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stone, Erica, , ,**Mailing Address 3232 Radcliff Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881250

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stone, Erica, , ,**Mailing Address 3232 Radcliff Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876273

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2612 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stone, Erica, , ,**Mailing Address 3232 Radcliff Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881247

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stone, Erica, , ,**Mailing Address 3232 Radcliff Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876274

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stone, Erica, , ,**Mailing Address 3232 Radcliff Ave  
Apt 1City  
BronxState  
NYZip Code  
10469-3813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881248

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2613 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Straughn, Lolita, , ,**

Mailing Address 14776 Edgewood St

City  
RosedaleState  
NYZip Code  
11422-3208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882653

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Straughn, Lolita, , ,**

Mailing Address 14776 Edgewood St

City  
RosedaleState  
NYZip Code  
11422-3208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882654

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Straughn, Lolita, , ,**

Mailing Address 14776 Edgewood St

City  
RosedaleState  
NYZip Code  
11422-3208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875388

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Straughn, Lolita, , ,**

Mailing Address 14776 Edgewood St

City  
Rosedale

State  
NY

Zip Code  
11422-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 03 / 2025

Transaction ID : 9882651

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Straughn, Lolita, , ,**

Mailing Address 14776 Edgewood St

City  
Rosedale

State  
NY

Zip Code  
11422-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9875389

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Straughn, Lolita, , ,**

Mailing Address 14776 Edgewood St

City  
Rosedale

State  
NY

Zip Code  
11422-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9882652

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2615 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Streitenberger, James, , ,**

Mailing Address 7808 Snapping Turtle Ct

City  
Hudson

State  
FL

Zip Code  
34667-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Trinity Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 08 / 2025

**Transaction ID : 9882401**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Streitenberger, James, , ,**

Mailing Address 7808 Snapping Turtle Ct

City  
Hudson

State  
FL

Zip Code  
34667-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Trinity Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 28 / 2025

**Transaction ID : 9875320**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Streitenberger, James, , ,**

Mailing Address 7808 Snapping Turtle Ct

City  
Hudson

State  
FL

Zip Code  
34667-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Trinity Hospital

Occupation (for Individual)  
PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 28 / 2025

**Transaction ID : 9882400**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2616 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stroop, Mildred, , ,**Mailing Address 806 Henderson Ave  
Apt 7GCity  
Staten IslandState  
NYZip Code  
10310-1321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877465

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stroop, Mildred, , ,**Mailing Address 806 Henderson Ave  
Apt 7GCity  
Staten IslandState  
NYZip Code  
10310-1321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877466

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stroop, Mildred, , ,**Mailing Address 806 Henderson Ave  
Apt 7GCity  
Staten IslandState  
NYZip Code  
10310-1321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876614

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2617 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stroop, Mildred, , ,**Mailing Address 806 Henderson Ave  
Apt 7GCity  
Staten IslandState  
NYZip Code  
10310-1321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877463

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stroop, Mildred, , ,**Mailing Address 806 Henderson Ave  
Apt 7GCity  
Staten IslandState  
NYZip Code  
10310-1321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876615

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stroop, Mildred, , ,**Mailing Address 806 Henderson Ave  
Apt 7GCity  
Staten IslandState  
NYZip Code  
10310-1321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
CERTIFIED SURGICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877464

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2618 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Suazo, Elbaladeliz, , ,**Mailing Address 383 E 162nd St  
Apt 9ICity  
BronxState  
NYZip Code  
10451-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881470

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Suazo, Elbaladeliz, , ,**Mailing Address 383 E 162nd St  
Apt 9ICity  
BronxState  
NYZip Code  
10451-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9881471

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Suazo, Elbaladeliz, , ,**Mailing Address 383 E 162nd St  
Apt 9ICity  
BronxState  
NYZip Code  
10451-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9881472

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2619 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Suazo, Elbaladeliz, , ,**Mailing Address 383 E 162nd St  
Apt 9ICity  
BronxState  
NYZip Code  
10451-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9881473

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Suazo, Elbaladeliz, , ,**Mailing Address 383 E 162nd St  
Apt 9ICity  
BronxState  
NYZip Code  
10451-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876778

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Suazo, Elbaladeliz, , ,**Mailing Address 383 E 162nd St  
Apt 9ICity  
BronxState  
NYZip Code  
10451-4592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881469

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2620 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sugg Sr., Scott, , ,**

Mailing Address 12302 Jamaica Ave  
Apt 2C

City  
Richmond Hill

State  
NY

Zip Code  
11418-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

**Transaction ID : 9875108**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sugg Sr., Scott, , ,**

Mailing Address 12302 Jamaica Ave  
Apt 2C

City  
Richmond Hill

State  
NY

Zip Code  
11418-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

**Transaction ID : 9879531**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sugg Sr., Scott, , ,**

Mailing Address 12302 Jamaica Ave  
Apt 2C

City  
Richmond Hill

State  
NY

Zip Code  
11418-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9875109**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2621 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sugg Sr., Scott, , ,**

Mailing Address 12302 Jamaica Ave  
Apt 2C

City  
Richmond Hill

State  
NY

Zip Code  
11418-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9879532**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sugg Sr., Scott, , ,**

Mailing Address 12302 Jamaica Ave  
Apt 2C

City  
Richmond Hill

State  
NY

Zip Code  
11418-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9875110**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sugg Sr., Scott, , ,**

Mailing Address 12302 Jamaica Ave  
Apt 2C

City  
Richmond Hill

State  
NY

Zip Code  
11418-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens

Occupation (for Individual)  
TRANSPOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9879533**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2622 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sukhdev, Singh, , ,**

Mailing Address 153 Feller Dr

City  
Central IslipState  
NYZip Code  
11722-1211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880187

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sukhdev, Singh, , ,**

Mailing Address 153 Feller Dr

City  
Central IslipState  
NYZip Code  
11722-1211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880188

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sukhdev, Singh, , ,**

Mailing Address 153 Feller Dr

City  
Central IslipState  
NYZip Code  
11722-1211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874056

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2623 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sukhdev, Singh, , ,**

Mailing Address 153 Feller Dr

City  
Central IslipState  
NYZip Code  
11722-1211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880185

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sukhdev, Singh, , ,**

Mailing Address 153 Feller Dr

City  
Central IslipState  
NYZip Code  
11722-1211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874057

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sukhdev, Singh, , ,**

Mailing Address 153 Feller Dr

City  
Central IslipState  
NYZip Code  
11722-1211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880186

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2624 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sulker, Sherry, , ,**

Mailing Address PO Box 100350

Null

City

Brooklyn

State

NY

Zip Code

11210-0350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Dietitian - Lvl I

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882553

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sulker, Sherry, , ,**

Mailing Address PO Box 100350

Null

City

Brooklyn

State

NY

Zip Code

11210-0350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Dietitian - Lvl I

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875748

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sulker, Sherry, , ,**

Mailing Address PO Box 100350

Null

City

Brooklyn

State

NY

Zip Code

11210-0350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Dietitian - Lvl I

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9882551

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2625 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sulker, Sherry, , ,**

Mailing Address PO Box 100350

Null

City

Brooklyn

State

NY

Zip Code

11210-0350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Dietitian - Lvl I

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

Transaction ID : 9875749

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sulker, Sherry, , ,**

Mailing Address PO Box 100350

Null

City

Brooklyn

State

NY

Zip Code

11210-0350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

Dietitian - Lvl I

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

Transaction ID : 9882552

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swinton, Shandara, , ,**

Mailing Address 110 N Lady Mary Dr

Apt 7

City

Clearwater

State

FL

Zip Code

33755-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida Largo Hospital

Occupation (for Individual)

Lead Patient Care Tech

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 08    |   | 2025        |

Transaction ID : 9881459

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2626 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swinton, Shandara, , ,**Mailing Address 110 N Lady Mary Dr  
Apt 7City  
ClearwaterState  
FLZip Code  
33755-5150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Lead Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875520

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swinton, Shandara, , ,**Mailing Address 110 N Lady Mary Dr  
Apt 7City  
ClearwaterState  
FLZip Code  
33755-5150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Lead Patient Care Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9881458

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Symes, Mirta, , ,**Mailing Address 707 E 242nd St  
Apt 5LCity  
BronxState  
NYZip Code  
10470-1228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9875310

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2627 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Symes, Mirta, , ,**Mailing Address 707 E 242nd St  
Apt 5LCity  
BronxState  
NYZip Code  
10470-1228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9875312

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Symes, Mirta, , ,**Mailing Address 707 E 242nd St  
Apt 5LCity  
BronxState  
NYZip Code  
10470-1228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9875313

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Symes, Mirta, , ,**Mailing Address 707 E 242nd St  
Apt 5LCity  
BronxState  
NYZip Code  
10470-1228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9875314

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

240.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2628 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Symes, Mirta, , ,**Mailing Address 707 E 242nd St  
Apt 5LCity  
BronxState  
NYZip Code  
10470-1228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875315

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Symes, Mirta, , ,**Mailing Address 707 E 242nd St  
Apt 5LCity  
BronxState  
NYZip Code  
10470-1228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Rest Nursing HomeOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875311

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Szalewicz, Peter, , ,**

Mailing Address 29 McCormick Pl

City  
Staten IslandState  
NYZip Code  
10305-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877435

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2629 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Szalewicz, Peter, , ,**

Mailing Address 29 McCormick Pl

City  
Staten IslandState  
NYZip Code  
10305-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9877436

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Szalewicz, Peter, , ,**

Mailing Address 29 McCormick Pl

City  
Staten IslandState  
NYZip Code  
10305-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873604

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Szalewicz, Peter, , ,**

Mailing Address 29 McCormick Pl

City  
Staten IslandState  
NYZip Code  
10305-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9877433

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2630 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Szalewicz, Peter, , ,**

Mailing Address 29 McCormick Pl

City  
Staten Island

State  
NY

Zip Code  
10305-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9873605**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Szalewicz, Peter, , ,**

Mailing Address 29 McCormick Pl

City  
Staten Island

State  
NY

Zip Code  
10305-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Pharmacy Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9877434**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tambo, Danilo, , ,**

Mailing Address 219 Lincoln Ave

City  
Mineola

State  
NY

Zip Code  
11501-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 14 / 2025

**Transaction ID : 9879762**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2631 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tambo, Danilo, , ,**

Mailing Address 219 Lincoln Ave

City  
Mineola

State  
NY

Zip Code  
11501-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9879763**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tambo, Danilo, , ,**

Mailing Address 219 Lincoln Ave

City  
Mineola

State  
NY

Zip Code  
11501-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9874333**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tambo, Danilo, , ,**

Mailing Address 219 Lincoln Ave

City  
Mineola

State  
NY

Zip Code  
11501-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical Center

Occupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9879760**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2632 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tambo, Danilo, , ,**

Mailing Address 219 Lincoln Ave

City  
MineolaState  
NYZip Code  
11501-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874334

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tambo, Danilo, , ,**

Mailing Address 219 Lincoln Ave

City  
MineolaState  
NYZip Code  
11501-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Medical CenterOccupation (for Individual)  
Environmental Svcs Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879761

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tampuso, Janesa, , ,**Mailing Address 92 18 101ST Ave  
Apt 1RCity  
Ozone ParkState  
NYZip Code  
11416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879529

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2633 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tampuso, Janesa, , ,**Mailing Address 92 18 101ST Ave  
Apt 1RCity  
Ozone ParkState  
NYZip Code  
11416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879530

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tampuso, Janesa, , ,**Mailing Address 92 18 101ST Ave  
Apt 1RCity  
Ozone ParkState  
NYZip Code  
11416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874137

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tampuso, Janesa, , ,**Mailing Address 92 18 101ST Ave  
Apt 1RCity  
Ozone ParkState  
NYZip Code  
11416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879527

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2634 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tampuso, Janesa, , ,**Mailing Address 92 18 101ST Ave  
Apt 1RCity  
Ozone ParkState  
NYZip Code  
11416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874138

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tampuso, Janesa, , ,**Mailing Address 92 18 101ST Ave  
Apt 1RCity  
Ozone ParkState  
NYZip Code  
11416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest Hills (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879528

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City  
PoughkeepsieState  
NYZip Code  
12603-1511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care CenterOccupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874587

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2635 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City  
Poughkeepsie

State  
NY

Zip Code  
12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

**Transaction ID : 9880594**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City  
Poughkeepsie

State  
NY

Zip Code  
12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

**Transaction ID : 9874586**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City  
Poughkeepsie

State  
NY

Zip Code  
12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eleanor Nursing Care Center

Occupation (for Individual)  
Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2025

**Transaction ID : 9880593**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2636 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9874588**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

**Transaction ID : 9880595**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9874589**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2637 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880596

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9874591

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880598

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2638 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 21    |   | 2025        |

Transaction ID : 9874590

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 21    |   | 2025        |

Transaction ID : 9880597

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2025        |

Transaction ID : 9874593

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2639 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2025        |

Transaction ID : 9880600

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 05    |   | 2025        |

Transaction ID : 9874592

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 05    |   | 2025        |

Transaction ID : 9880599

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2640 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874594

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874595

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9874596

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2641 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9874598**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9874597**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9874599**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2642 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tarantino, Robin, , ,**

Mailing Address 30 Eileen Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Eleanor Nursing Care Center

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9874600

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tavarez De Cordero, Rhina, , ,**Mailing Address 750 Herkimer St  
Apt 3B

City

Brooklyn

State

NY

Zip Code

11233-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Accentcare

Occupation (for Individual)

Home Health Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9879076

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tavarez De Cordero, Rhina, , ,**Mailing Address 750 Herkimer St  
Apt 3B

City

Brooklyn

State

NY

Zip Code

11233-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Accentcare

Occupation (for Individual)

Home Health Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879077

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2643 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tavarez De Cordero, Rhina, , ,**Mailing Address 750 Herkimer St  
Apt 3BCity  
BrooklynState  
NYZip Code  
11233-6608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AccentcareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9879078

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tavarez De Cordero, Rhina, , ,**Mailing Address 750 Herkimer St  
Apt 3BCity  
BrooklynState  
NYZip Code  
11233-6608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AccentcareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9876759

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tavarez De Cordero, Rhina, , ,**Mailing Address 750 Herkimer St  
Apt 3BCity  
BrooklynState  
NYZip Code  
11233-6608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AccentcareOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9879075

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2644 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taveras, Yineiry, , ,**Mailing Address 1843 Loring Pl S  
Fl 2City  
BronxState  
NYZip Code  
10453-5203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877561

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taveras, Yineiry, , ,**Mailing Address 1843 Loring Pl S  
Fl 2City  
BronxState  
NYZip Code  
10453-5203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877562

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taveras, Yineiry, , ,**Mailing Address 1843 Loring Pl S  
Fl 2City  
BronxState  
NYZip Code  
10453-5203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877563

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2645 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taveras, Yineiry, , ,**Mailing Address 1843 Loring Pl S  
Fl 2City  
BronxState  
NYZip Code  
10453-5203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874710

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taveras, Yineiry, , ,**Mailing Address 1843 Loring Pl S  
Fl 2City  
BronxState  
NYZip Code  
10453-5203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877560

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tayette, Regine, , ,**

Mailing Address 122 Hiawatha Blvd

City  
OaklandState  
NJZip Code  
07436-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9874690

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2646 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tayette, Regine, , ,

Mailing Address 122 Hiawatha Blvd

City  
OaklandState  
NJZip Code  
07436-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874692

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tayette, Regine, , ,

Mailing Address 122 Hiawatha Blvd

City  
OaklandState  
NJZip Code  
07436-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

Transaction ID : 9874693

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tayette, Regine, , ,

Mailing Address 122 Hiawatha Blvd

City  
OaklandState  
NJZip Code  
07436-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blythedale Children's HospitalOccupation (for Individual)  
Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874694

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2647 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tayette, Regine, , ,**

Mailing Address 122 Hiawatha Blvd

City  
OaklandState  
NJZip Code  
07436-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blythedale Children's Hospital

Occupation (for Individual)

Respiratory Therapist Per Diem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

Transaction ID : 9874691

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick PI

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Department of Behavioral Health

Occupation (for Individual)

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881942

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick PI

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Department of Behavioral Health

Occupation (for Individual)

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9881943

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2648 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9881944

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9874174

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : 9881937

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2649 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9874175

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : 9881938

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9874176

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2650 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9881939

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9874178

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9881941

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2651 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9874177

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor Wingfield, Erica, , ,**

Mailing Address 2818 Crestwick Pl

City  
District HeightsState  
MDZip Code  
20747-2784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Department of Behavioral HealthOccupation (for Individual)  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9881940

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Brittany, , ,**Mailing Address 76 NW 77th St  
Apt 21City  
MiamiState  
FLZip Code  
33150-3564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Patient Safety Observer (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9881130

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2652 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Brittany, , ,**Mailing Address 76 NW 77th St  
Apt 21City  
MiamiState  
FLZip Code  
33150-3564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Patient Safety Observer (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875053

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor, Brittany, , ,**Mailing Address 76 NW 77th St  
Apt 21City  
MiamiState  
FLZip Code  
33150-3564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Patient Safety Observer (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881128

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Brittany, , ,**Mailing Address 76 NW 77th St  
Apt 21City  
MiamiState  
FLZip Code  
33150-3564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Patient Safety Observer (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881129

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2653 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Jelani, , ,**

Mailing Address 525 Page Ter

City  
South OrangeState  
NJZip Code  
07079-2932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2025

Transaction ID : 9881640

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor, Jelani, , ,**

Mailing Address 525 Page Ter

City  
South OrangeState  
NJZip Code  
07079-2932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9875705

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Jelani, , ,**

Mailing Address 525 Page Ter

City  
South OrangeState  
NJZip Code  
07079-2932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Interfaith Medical CenterOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9881638

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2654 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                         |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Taylor, Jelani, , ,</b>                |             |                                                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 19 / 2025<br><b>Transaction ID : 9875706</b> |  |
| Mailing Address 525 Page Ter                                                                                                    |             |                                                         | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>South Orange                                                                                                            | State<br>NJ | Zip Code<br>07079-2932                                  | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                      |                                                                                                     |  |
| Name of Employer (for Individual)<br>Interfaith Medical Center                                                                  |             | Occupation (for Individual)<br>LICENSED PRACTICAL NURSE |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Taylor, Jelani, , ,</b>                |             |                                                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 19 / 2025<br><b>Transaction ID : 9881639</b> |  |
| Mailing Address 525 Page Ter                                                                                                    |             |                                                         | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>South Orange                                                                                                            | State<br>NJ | Zip Code<br>07079-2932                                  | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                      |                                                                                                     |  |
| Name of Employer (for Individual)<br>Interfaith Medical Center                                                                  |             | Occupation (for Individual)<br>LICENSED PRACTICAL NURSE |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                         |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Taylor, Jevon, , ,</b>                 |             |                                                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 10 / 2025<br><b>Transaction ID : 9878227</b> |  |
| Mailing Address 30 Claremont Pl<br>Fl 1                                                                                         |             |                                                         | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Mount Vernon                                                                                                            | State<br>NY | Zip Code<br>10553-1004                                  | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Aggregate Year-to-Date ▼<br>240.00                      |                                                                                                     |  |
| Name of Employer (for Individual)<br>Montefiore-Wakefield Campus                                                                |             | Occupation (for Individual)<br>MESSENGER-WAKEFIELD      |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                                                         |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                         | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                         |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2655 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Jevon, , ,**Mailing Address 30 Claremont Pl  
Fl 1

City

Mount Vernon

State

NY

Zip Code

10553-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

MESSENGER-WAKEFIELD

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878228

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor, Jevon, , ,**Mailing Address 30 Claremont Pl  
Fl 1

City

Mount Vernon

State

NY

Zip Code

10553-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

MESSENGER-WAKEFIELD

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875424

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Jevon, , ,**Mailing Address 30 Claremont Pl  
Fl 1

City

Mount Vernon

State

NY

Zip Code

10553-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

MESSENGER-WAKEFIELD

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878225

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2656 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Jevon, , ,**Mailing Address 30 Claremont Pl  
Fl 1

City

Mount Vernon

State

NY

Zip Code

10553-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

MESSENGER-WAKEFIELD

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9875425

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor, Jevon, , ,**Mailing Address 30 Claremont Pl  
Fl 1

City

Mount Vernon

State

NY

Zip Code

10553-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

MESSENGER-WAKEFIELD

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878226

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Teel, Peter, , ,**Mailing Address 567 W 125th St  
Apt 6A

City

New York

State

NY

Zip Code

10027-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai West

Occupation (for Individual)

Emergency Medical Technician (EMT)

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877198

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2657 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Teel, Peter, , ,**Mailing Address 567 W 125th St  
Apt 6ACity  
New YorkState  
NYZip Code  
10027-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877199

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Teel, Peter, , ,**Mailing Address 567 W 125th St  
Apt 6ACity  
New YorkState  
NYZip Code  
10027-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9876608

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Teel, Peter, , ,**Mailing Address 567 W 125th St  
Apt 6ACity  
New YorkState  
NYZip Code  
10027-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9877196

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2658 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Teel, Peter, , ,**Mailing Address 567 W 125th St  
Apt 6ACity  
New YorkState  
NYZip Code  
10027-3422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Emergency Medical Technician (EMT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877197

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tehrani, Mahin, , ,**Mailing Address 69 Richfield St  
NullCity  
PlainviewState  
NYZip Code  
11803-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietitian - Lvl II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882711

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tehrani, Mahin, , ,**Mailing Address 69 Richfield St  
NullCity  
PlainviewState  
NYZip Code  
11803-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietitian - Lvl II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875724

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2659 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tehrani, Mahin, , ,**

Mailing Address 69 Richfield St

Null

City  
PlainviewState  
NYZip Code  
11803-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietitian - Lvl II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9882709

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tehrani, Mahin, , ,**

Mailing Address 69 Richfield St

Null

City  
PlainviewState  
NYZip Code  
11803-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietitian - Lvl II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875725

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tehrani, Mahin, , ,**

Mailing Address 69 Richfield St

Null

City  
PlainviewState  
NYZip Code  
11803-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietitian - Lvl II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9882710

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2660 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tention, Gregory, , ,**Mailing Address 224 Howe Ave  
Fl 2City  
BronxState  
NYZip Code  
10473-1666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874926

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tention, Gregory, , ,**Mailing Address 224 Howe Ave  
Fl 2City  
BronxState  
NYZip Code  
10473-1666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874927

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Termilien, Sandrine, , ,**

Mailing Address 48 E Broad St

City  
BergenfieldState  
NJZip Code  
07621-3004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9874768

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2661 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Termilien, Sandrine, , ,**

Mailing Address 48 E Broad St

City  
Bergenfield

State  
NJ

Zip Code  
07621-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 10 / 2025

Transaction ID : 9881724

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Termilien, Sandrine, , ,**

Mailing Address 48 E Broad St

City  
Bergenfield

State  
NJ

Zip Code  
07621-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 14 / 2025

Transaction ID : 9874769

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Termilien, Sandrine, , ,**

Mailing Address 48 E Broad St

City  
Bergenfield

State  
NJ

Zip Code  
07621-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian Hospital

Occupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 14 / 2025

Transaction ID : 9881725

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2662 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Termilien, Sandrine, , ,**

Mailing Address 48 E Broad St

City  
BergenfieldState  
NJZip Code  
07621-3004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874770

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Termilien, Sandrine, , ,**

Mailing Address 48 E Broad St

City  
BergenfieldState  
NJZip Code  
07621-3004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Patient Fin Advisor-Pat Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881726

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Terrigno, Sabrina, , ,**

Mailing Address 1152 Lake Ave

Null

City  
ClarkState  
NJZip Code  
07066-2747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9881637

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2663 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Terrigno, Sabrina, , ,**

Mailing Address 1152 Lake Ave

Null

City  
ClarkState  
NJZip Code  
07066-2747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875608

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Terrigno, Sabrina, , ,**

Mailing Address 1152 Lake Ave

Null

City  
ClarkState  
NJZip Code  
07066-2747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9881635

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Terrigno, Sabrina, , ,**

Mailing Address 1152 Lake Ave

Null

City  
ClarkState  
NJZip Code  
07066-2747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875609

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2664 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Terrigno, Sabrina, , ,**Mailing Address 1152 Lake Ave  
NullCity  
ClarkState  
NJZip Code  
07066-2747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
Dietician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9881636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thai, Phillip, , ,**Mailing Address 2352 E 29th St  
Null

City

Brooklyn

State  
NYZip Code  
11229-5028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879049

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thai, Phillip, , ,**Mailing Address 2352 E 29th St  
Null

City

Brooklyn

State  
NYZip Code  
11229-5028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civil Service PharmacistsOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9875651

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2665 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thai, Phillip, , ,**

Mailing Address 2352 E 29th St

Null

City

Brooklyn

State

NY

Zip Code

11229-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 26    |   | 2025        |

Transaction ID : 9879047

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thai, Phillip, , ,**

Mailing Address 2352 E 29th St

Null

City

Brooklyn

State

NY

Zip Code

11229-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

Transaction ID : 9875652

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thai, Phillip, , ,**

Mailing Address 2352 E 29th St

Null

City

Brooklyn

State

NY

Zip Code

11229-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Civil Service Pharmacists

Occupation (for Individual)

PHARMACIST

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

Transaction ID : 9879048

Amount of Each Receipt this Period

20.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2666 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thelusma, Micheline, , ,**

Mailing Address 1445 Broadway

City  
HewlettState  
NYZip Code  
11557-1410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873864

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thelusma, Micheline, , ,**

Mailing Address 1445 Broadway

City  
HewlettState  
NYZip Code  
11557-1410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9879861

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thelusma, Micheline, , ,**

Mailing Address 1445 Broadway

City  
HewlettState  
NYZip Code  
11557-1410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873862

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2667 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thelusma, Micheline, , ,**

Mailing Address 1445 Broadway

City  
Hewlett

State  
NY

Zip Code  
11557-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 30 / 2025

**Transaction ID : 9879859**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thelusma, Micheline, , ,**

Mailing Address 1445 Broadway

City  
Hewlett

State  
NY

Zip Code  
11557-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 05 / 2025

**Transaction ID : 9873863**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thelusma, Micheline, , ,**

Mailing Address 1445 Broadway

City  
Hewlett

State  
NY

Zip Code  
11557-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Five Towns Premier Rehab & Nursing Cen

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 05 / 2025

**Transaction ID : 9879860**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2668 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas, Nelvin, , ,**

Mailing Address 79 Phillips Hill Rd

City  
New CityState  
NYZip Code  
10956-4113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878509

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thomas, Nelvin, , ,**

Mailing Address 79 Phillips Hill Rd

City  
New CityState  
NYZip Code  
10956-4113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878508

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thomas, Nelvin, , ,**

Mailing Address 79 Phillips Hill Rd

City  
New CityState  
NYZip Code  
10956-4113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9878510

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2669 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas, Nelvin, , ,**

Mailing Address 79 Phillips Hill Rd

City  
New CityState  
NYZip Code  
10956-4113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9878511

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thomas, Nelvin, , ,**

Mailing Address 79 Phillips Hill Rd

City  
New CityState  
NYZip Code  
10956-4113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875321

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thomas, Nelvin, , ,**

Mailing Address 79 Phillips Hill Rd

City  
New CityState  
NYZip Code  
10956-4113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9878507

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2670 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City  
Opa Locka

State  
FL

Zip Code  
33054-2057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Woodmont Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**07 / 07 / 2025**

**Transaction ID : 9882097**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City  
Opa Locka

State  
FL

Zip Code  
33054-2057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Woodmont Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**07 / 18 / 2025**

**Transaction ID : 9882098**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City  
Opa Locka

State  
FL

Zip Code  
33054-2057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HCA Florida Woodmont Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**09 / 26 / 2025**

**Transaction ID : 9874919**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2671 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City  
Opa Locka

State  
FL

Zip Code  
33054-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Woodmont Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 26 / 2025

Transaction ID : 9882094

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City  
Opa Locka

State  
FL

Zip Code  
33054-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Woodmont Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9874920

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City  
Opa Locka

State  
FL

Zip Code  
33054-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Woodmont Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9882095

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2672 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City

Opa Locka

State

FL

Zip Code

33054-2057

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

**Transaction ID : 9874921**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thomas-Batten, Shanta, , ,**

Mailing Address 2001 E Bunche Park Dr

City

Opa Locka

State

FL

Zip Code

33054-2057

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

HCA Florida Woodmont Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 21    |   | 2025        |

**Transaction ID : 9882096**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Aretha, , ,**

Mailing Address 620 Maple St

Apt 7

City

Brooklyn

State

NY

Zip Code

11203-1160

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Triboro Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 25    |   | 2025        |

**Transaction ID : 9876725**

Amount of Each Receipt this Period

80.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

100.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2673 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Aretha, , ,**Mailing Address 620 Maple St  
Apt 7City  
BrooklynState  
NYZip Code  
11203-1160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triboro CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876726

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Camille, , ,**Mailing Address 4220 Hutchinson River Pkwy E  
Apt 25CCity  
BronxState  
NYZip Code  
10475-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878125

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Camille, , ,**Mailing Address 4220 Hutchinson River Pkwy E  
Apt 25CCity  
BronxState  
NYZip Code  
10475-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9878126

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2674 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Camille, , ,**Mailing Address 4220 Hutchinson River Pkwy E  
Apt 25CCity  
BronxState  
NYZip Code  
10475-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878127

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Camille, , ,**Mailing Address 4220 Hutchinson River Pkwy E  
Apt 25CCity  
BronxState  
NYZip Code  
10475-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9878128

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Camille, , ,**Mailing Address 4220 Hutchinson River Pkwy E  
Apt 25CCity  
BronxState  
NYZip Code  
10475-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9875443

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2675 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Camille, , ,**Mailing Address 4220 Hutchinson River Pkwy E  
Apt 25CCity  
BronxState  
NYZip Code  
10475-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Cabrini Nursing Home IncOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9878124

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Kellyann, , ,**Mailing Address 671 Gates Ave  
Apt 5ACity  
BrooklynState  
NYZip Code  
11221-1513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9874848

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Kellyann, , ,**Mailing Address 671 Gates Ave  
Apt 5ACity  
BrooklynState  
NYZip Code  
11221-1513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9880832

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2676 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Kellyann, , ,**

Mailing Address 671 Gates Ave  
Apt 5A

City  
Brooklyn

State  
NY

Zip Code  
11221-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9876781**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Kellyann, , ,**

Mailing Address 671 Gates Ave  
Apt 5A

City  
Brooklyn

State  
NY

Zip Code  
11221-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : 9880830**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Kellyann, , ,**

Mailing Address 671 Gates Ave  
Apt 5A

City  
Brooklyn

State  
NY

Zip Code  
11221-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9876782**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2677 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Kellyann, , ,**Mailing Address 671 Gates Ave  
Apt 5ACity  
BrooklynState  
NYZip Code  
11221-1513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880831

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Kellyann, , ,**Mailing Address 671 Gates Ave  
Apt 5ACity  
BrooklynState  
NYZip Code  
11221-1513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9876783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Kellyann, , ,**Mailing Address 671 Gates Ave  
Apt 5ACity  
BrooklynState  
NYZip Code  
11221-1513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876784

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2678 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Taddeus, , ,**Mailing Address 9922 67th Rd  
# 8-ACity  
Forest HillsState  
NYZip Code  
11375-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879325

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Taddeus, , ,**Mailing Address 9922 67th Rd  
# 8-ACity  
Forest HillsState  
NYZip Code  
11375-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879326

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Taddeus, , ,**Mailing Address 9922 67th Rd  
# 8-ACity  
Forest HillsState  
NYZip Code  
11375-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879327

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2679 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Taddeus, , ,**Mailing Address 9922 67th Rd  
# 8-ACity  
Forest HillsState  
NYZip Code  
11375-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9879328

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Taddeus, , ,**Mailing Address 9922 67th Rd  
# 8-ACity  
Forest HillsState  
NYZip Code  
11375-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876140

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Taddeus, , ,**Mailing Address 9922 67th Rd  
# 8-ACity  
Forest HillsState  
NYZip Code  
11375-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Dietary Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9879324

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2680 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Tresha-Ann, , ,**Mailing Address 718 E 218th St  
FI 1City  
BronxState  
NYZip Code  
10467-5804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880741

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Tresha-Ann, , ,**Mailing Address 718 E 218th St  
FI 1City  
BronxState  
NYZip Code  
10467-5804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880742

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Tresha-Ann, , ,**Mailing Address 718 E 218th St  
FI 1City  
BronxState  
NYZip Code  
10467-5804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880743

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2681 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Tresha-Ann, , ,**

Mailing Address 718 E 218th St  
FI 1

City  
Bronx

State  
NY

Zip Code  
10467-5804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9876291

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Tresha-Ann, , ,**

Mailing Address 718 E 218th St  
FI 1

City  
Bronx

State  
NY

Zip Code  
10467-5804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880747

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Tresha-Ann, , ,**

Mailing Address 718 E 218th St  
FI 1

City  
Bronx

State  
NY

Zip Code  
10467-5804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880744

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2682 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Tresha-Ann, , ,**Mailing Address 718 E 218th St  
FI 1City  
BronxState  
NYZip Code  
10467-5804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876292

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Tresha-Ann, , ,**Mailing Address 718 E 218th St  
FI 1City  
BronxState  
NYZip Code  
10467-5804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880748

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Tresha-Ann, , ,**Mailing Address 718 E 218th St  
FI 1City  
BronxState  
NYZip Code  
10467-5804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9880745

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2683 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Tresha-Ann, , ,**

Mailing Address 718 E 218th St  
 Fl 1

City  
 Bronx

State  
 NY

Zip Code  
 10467-5804

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Montefiore Hospital

Occupation (for Individual)  
 CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9876293

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Tresha-Ann, , ,**

Mailing Address 718 E 218th St  
 Fl 1

City  
 Bronx

State  
 NY

Zip Code  
 10467-5804

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Montefiore Hospital

Occupation (for Individual)  
 CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 12 / 2025

Transaction ID : 9880749

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Tresha-Ann, , ,**

Mailing Address 718 E 218th St  
 Fl 1

City  
 Bronx

State  
 NY

Zip Code  
 10467-5804

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Montefiore Hospital

Occupation (for Individual)  
 CLERK ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 24 / 2025

Transaction ID : 9880746

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2684 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thorpe, Tiffanee, , ,**

Mailing Address 2300 Quantum Lakes Dr  
Apt 207

City  
Boynton Beach

State  
FL

Zip Code  
33426-8441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9874665

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thorpe, Tiffanee, , ,**

Mailing Address 2300 Quantum Lakes Dr  
Apt 207

City  
Boynton Beach

State  
FL

Zip Code  
33426-8441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

07 / 18 / 2025

Transaction ID : 9874666

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thorpe, Tiffanee, , ,**

Mailing Address 2300 Quantum Lakes Dr  
Apt 207

City  
Boynton Beach

State  
FL

Zip Code  
33426-8441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North Hospital

Occupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

08 / 01 / 2025

Transaction ID : 9874667

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2685 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thorpe, Tiffanee, , ,**Mailing Address 2300 Quantum Lakes Dr  
Apt 207City  
Boynton BeachState  
FLZip Code  
33426-8441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874668

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thorpe, Tiffanee, , ,**Mailing Address 2300 Quantum Lakes Dr  
Apt 207City  
Boynton BeachState  
FLZip Code  
33426-8441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874670

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thorpe, Tiffanee, , ,**Mailing Address 2300 Quantum Lakes Dr  
Apt 207City  
Boynton BeachState  
FLZip Code  
33426-8441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874669

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2686 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thorpe, Tiffanee, , ,**Mailing Address 2300 Quantum Lakes Dr  
Apt 207City  
Boynton BeachState  
FLZip Code  
33426-8441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9874672

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thorpe, Tiffanee, , ,**Mailing Address 2300 Quantum Lakes Dr  
Apt 207City  
Boynton BeachState  
FLZip Code  
33426-8441FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida JFK North HospitalOccupation (for Individual)  
Mental Health Tech IPF PRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9874671

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tillman, Erica, , ,**

Mailing Address 618 Darlington Rd

City  
SyracuseState  
NYZip Code  
13208-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park RehabOccupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2025

Transaction ID : 9876427

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2687 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tillman, Erica, , ,**

Mailing Address 618 Darlington Rd

City  
Syracuse

State  
NY

Zip Code  
13208-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park Rehab

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9876428

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tillman, Erica, , ,**

Mailing Address 618 Darlington Rd

City  
Syracuse

State  
NY

Zip Code  
13208-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park Rehab

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 09 / 2025

Transaction ID : 9876425

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tillman, Erica, , ,**

Mailing Address 618 Darlington Rd

City  
Syracuse

State  
NY

Zip Code  
13208-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park Rehab

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 16 / 2025

Transaction ID : 9876429

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2688 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tillman, Erica, , ,**

Mailing Address 618 Darlington Rd

City  
Syracuse

State  
NY

Zip Code  
13208-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park Rehab

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2025

**Transaction ID : 9876426**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tillman, Erica, , ,**

Mailing Address 618 Darlington Rd

City  
Syracuse

State  
NY

Zip Code  
13208-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Park Rehab

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9876430**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Timmons, Juanicha, , ,**

Mailing Address 19 Doat St

City  
Buffalo

State  
NY

Zip Code  
14211-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9873197**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2689 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Timmons, Juanicha, , ,**

Mailing Address 19 Doat St

City  
Buffalo

State  
NY

Zip Code  
14211-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 15 / 2025

**Transaction ID : 9882733**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Timmons, Juanicha, , ,**

Mailing Address 19 Doat St

City  
Buffalo

State  
NY

Zip Code  
14211-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

08 / 14 / 2025

**Transaction ID : 9873198**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Timmons, Juanicha, , ,**

Mailing Address 19 Doat St

City  
Buffalo

State  
NY

Zip Code  
14211-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

12 / 18 / 2025

**Transaction ID : 9873199**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2690 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tinapunan, Antoinette, , ,**

Mailing Address 58 44 80TH St

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Sr Physician Asst (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879351

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tinapunan, Antoinette, , ,**

Mailing Address 58 44 80TH St

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Sr Physician Asst (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879353

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tinapunan, Antoinette, , ,**

Mailing Address 58 44 80TH St

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Sr Physician Asst (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874621

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2691 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tinapunan, Antoinette, , ,**

Mailing Address 58 44 80TH St

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Sr Physician Asst (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9879349

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tinapunan, Antoinette, , ,**

Mailing Address 58 44 80TH St

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Sr Physician Asst (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874622

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tinapunan, Antoinette, , ,**

Mailing Address 58 44 80TH St

City  
Middle VillageState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island Jewish Forest HillsOccupation (for Individual)  
Sr Physician Asst (FH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879350

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2692 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tingan, Rosebud, , ,**Mailing Address 2319 3rd Ave  
Apt 1419City  
New YorkState  
NYZip Code  
10035-1886FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874934

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tingan, Rosebud, , ,**Mailing Address 2319 3rd Ave  
Apt 1419City  
New YorkState  
NYZip Code  
10035-1886FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9877269

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9880251

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2693 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880259

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880260

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9880252

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2694 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9880253

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : 9880254

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tingling, Ronald, , ,**Mailing Address 10 Weldon St  
NullCity  
IslipState  
NYZip Code  
11751-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care CenterOccupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9880255

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2695 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tingling, Ronald, , ,**

Mailing Address 10 Weldon St

Null

City

Islip

State

NY

Zip Code

11751-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medford Multi Care Center

Occupation (for Individual)

NURSES AIDES ORDERLI

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9875602

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tingling, Ronald, , ,**

Mailing Address 10 Weldon St

Null

City

Islip

State

NY

Zip Code

11751-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medford Multi Care Center

Occupation (for Individual)

NURSES AIDES ORDERLI

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9880257

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tingling, Ronald, , ,**

Mailing Address 10 Weldon St

Null

City

Islip

State

NY

Zip Code

11751-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medford Multi Care Center

Occupation (for Individual)

NURSES AIDES ORDERLI

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9875603

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2696 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tingling, Ronald, , ,**

Mailing Address 10 Weldon St  
Null

City State Zip Code  
Islip NY 11751-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care Center

Occupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : 9880258**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tingling, Ronald, , ,**

Mailing Address 10 Weldon St  
Null

City State Zip Code  
Islip NY 11751-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medford Multi Care Center

Occupation (for Individual)  
NURSES AIDES ORDERLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

**Transaction ID : 9880256**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tisdale, James, , ,**

Mailing Address 3 Coolidge St

City State Zip Code  
Haverstraw NY 10927-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan Hospital

Occupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9875878**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2697 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tisdale, James, , ,**

Mailing Address 3 Coolidge St

City  
HaverstrawState  
NYZip Code  
10927-1012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9875879

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tisdale, James, , ,**

Mailing Address 3 Coolidge St

City  
HaverstrawState  
NYZip Code  
10927-1012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9875880

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tisdale, James, , ,**

Mailing Address 3 Coolidge St

City  
HaverstrawState  
NYZip Code  
10927-1012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : 9875881

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2698 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tisdale, James, , ,**

Mailing Address 3 Coolidge St

City  
HaverstrawState  
NYZip Code  
10927-1012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2025

Transaction ID : 9875882

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tisdale, James, , ,**

Mailing Address 3 Coolidge St

City  
HaverstrawState  
NYZip Code  
10927-1012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Good Samaritan HospitalOccupation (for Individual)  
Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875883

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tolbert, Felicia, , ,**

Mailing Address 770 Fulton St

Apt 2G

City  
BrooklynState  
NYZip Code  
11238-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9881312

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2699 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tolbert, Felicia, , ,**Mailing Address 770 Fulton St  
Apt 2GCity  
BrooklynState  
NYZip Code  
11238-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9881313

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tolbert, Felicia, , ,**Mailing Address 770 Fulton St  
Apt 2GCity  
BrooklynState  
NYZip Code  
11238-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9881314

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tolbert, Felicia, , ,**Mailing Address 770 Fulton St  
Apt 2GCity  
BrooklynState  
NYZip Code  
11238-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9881315

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2700 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Tolbert, Felicia, , ,</b>              |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 18 / 2025<br><b>Transaction ID : 9875760</b> |
| Mailing Address 770 Fulton St<br>Apt 2G                                                                                         |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |
| City<br>Brooklyn                                                                                                                | State<br>NY |                                                                                                     |
| Zip Code<br>11238-1524                                                                                                          |             |                                                                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |
| Name of Employer (for Individual)<br>Cobble Hill Nursing Home                                                                   |             | Occupation (for Individual)<br>Certified Nursing Assistant                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Tolbert, Felicia, , ,</b>              |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 18 / 2025<br><b>Transaction ID : 9881311</b> |
| Mailing Address 770 Fulton St<br>Apt 2G                                                                                         |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |
| City<br>Brooklyn                                                                                                                | State<br>NY |                                                                                                     |
| Zip Code<br>11238-1524                                                                                                          |             |                                                                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |
| Name of Employer (for Individual)<br>Cobble Hill Nursing Home                                                                   |             | Occupation (for Individual)<br>Certified Nursing Assistant                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Tomescu, Victor, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 14 / 2025<br><b>Transaction ID : 9879299</b> |
| Mailing Address 2649 96th St<br>Apt C5                                                                                          |             | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |
| City<br>East Elmhurst                                                                                                           | State<br>NY |                                                                                                     |
| Zip Code<br>11369-1765                                                                                                          |             |                                                                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |
| Name of Employer (for Individual)<br>Lenox Hill Hospital                                                                        |             | Occupation (for Individual)<br>Patient Service Navigator (LH)                                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                                                                  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2701 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tomescu, Victor, , ,**

Mailing Address 2649 96th St  
Apt C5

City  
East Elmhurst

State  
NY

Zip Code  
11369-1765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9879300**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tomescu, Victor, , ,**

Mailing Address 2649 96th St  
Apt C5

City  
East Elmhurst

State  
NY

Zip Code  
11369-1765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9879301**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tomescu, Victor, , ,**

Mailing Address 2649 96th St  
Apt C5

City  
East Elmhurst

State  
NY

Zip Code  
11369-1765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill Hospital

Occupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9876336**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2702 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tomescu, Victor, , ,**Mailing Address 2649 96th St  
Apt C5City  
East ElmhurstState  
NYZip Code  
11369-1765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Service Navigator (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879298

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres Bautista, Ana, , ,**

Mailing Address 953 E 231st St

City  
BronxState  
NYZip Code  
10466-4607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : 9877801

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres Bautista, Ana, , ,**

Mailing Address 953 E 231st St

City  
BronxState  
NYZip Code  
10466-4607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9874477

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2703 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres Bautista, Ana, , ,**

Mailing Address 953 E 231st St

City  
BronxState  
NYZip Code  
10466-4607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cooperative Home Care AssociatesOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877800

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres Genao, Clarisa, , ,**

Mailing Address 17834 Crandell Ave

City  
JamaicaState  
NYZip Code  
11434-4029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875632

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres Genao, Clarisa, , ,**

Mailing Address 17834 Crandell Ave

City  
JamaicaState  
NYZip Code  
11434-4029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9879647

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2704 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres Genao, Clarisa, , ,**

Mailing Address 17834 Crandell Ave

City  
JamaicaState  
NYZip Code  
11434-4029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875633

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres Genao, Clarisa, , ,**

Mailing Address 17834 Crandell Ave

City  
JamaicaState  
NYZip Code  
11434-4029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9879648

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres, Brandon, , ,**Mailing Address 940 Fox St  
Apt 14City  
BronxState  
NYZip Code  
10459-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880914

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2705 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres, Brandon, , ,**Mailing Address 940 Fox St  
Apt 14City  
BronxState  
NYZip Code  
10459-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880915

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres, Brandon, , ,**Mailing Address 940 Fox St  
Apt 14City  
BronxState  
NYZip Code  
10459-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876143

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres, Brandon, , ,**Mailing Address 940 Fox St  
Apt 14City  
BronxState  
NYZip Code  
10459-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880912

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2706 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres, Brandon, , ,**Mailing Address 940 Fox St  
Apt 14City  
BronxState  
NYZip Code  
10459-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876144

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres, Brandon, , ,**Mailing Address 940 Fox St  
Apt 14City  
BronxState  
NYZip Code  
10459-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880913

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres, Jennifer, , ,**Mailing Address 20 Willoughby Path  
NullCity  
East NorthportState  
NYZip Code  
11731-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880222

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2707 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres, Jennifer, , ,**Mailing Address 20 Willoughby Path  
NullCity  
East NorthportState  
NYZip Code  
11731-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9880223

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres, Jennifer, , ,**Mailing Address 20 Willoughby Path  
NullCity  
East NorthportState  
NYZip Code  
11731-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9875867

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres, Jennifer, , ,**Mailing Address 20 Willoughby Path  
NullCity  
East NorthportState  
NYZip Code  
11731-6324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880220

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2708 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres, Jennifer, , ,**

Mailing Address 20 Willoughby Path  
Null

City  
East Northport

State  
NY

Zip Code  
11731-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 05 / 2025

Transaction ID : 9875868

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres, Jennifer, , ,**

Mailing Address 20 Willoughby Path  
Null

City  
East Northport

State  
NY

Zip Code  
11731-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
White Oaks Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 05 / 2025

Transaction ID : 9880221

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres, Roger, , ,**

Mailing Address 3451 SW 154th Ct

City  
Miami

State  
FL

Zip Code  
33185-4735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 07 / 2025

Transaction ID : 9881381

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2709 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres, Roger, , ,**

Mailing Address 3451 SW 154th Ct

City  
MiamiState  
FLZip Code  
33185-4735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9881622

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres, Roger, , ,**

Mailing Address 3451 SW 154th Ct

City  
MiamiState  
FLZip Code  
33185-4735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9881788

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Torres, Roger, , ,**

Mailing Address 3451 SW 154th Ct

City  
MiamiState  
FLZip Code  
33185-4735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880502

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2710 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torres, Roger, , ,**

Mailing Address 3451 SW 154th Ct

City  
MiamiState  
FLZip Code  
33185-4735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875244

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Torres, Roger, , ,**

Mailing Address 3451 SW 154th Ct

City  
MiamiState  
FLZip Code  
33185-4735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9880686

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Toussaint, Francesca, , ,**Mailing Address 111 Valentine Ln  
Apt LACity  
YonkersState  
NYZip Code  
10705-3424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2025

Transaction ID : 9874865

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2711 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Toussaint, Francesca, , ,**

Mailing Address 111 Valentine Ln  
Apt LA

City  
Yonkers

State  
NY

Zip Code  
10705-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2025

Transaction ID : 9878372

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Toussaint, Francesca, , ,**

Mailing Address 111 Valentine Ln  
Apt LA

City  
Yonkers

State  
NY

Zip Code  
10705-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2025

Transaction ID : 9874866

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Toussaint, Francesca, , ,**

Mailing Address 111 Valentine Ln  
Apt LA

City  
Yonkers

State  
NY

Zip Code  
10705-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schervier Nursing Care Center

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2025

Transaction ID : 9874867

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2712 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tran, Huy, , ,**Mailing Address 2510 Davidson Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-4262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881063

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tran, Huy, , ,**Mailing Address 2510 Davidson Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-4262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881064

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tran, Huy, , ,**Mailing Address 2510 Davidson Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-4262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876192

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2713 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tran, Huy, , ,**Mailing Address 2510 Davidson Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-4262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881061

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tran, Huy, , ,**Mailing Address 2510 Davidson Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-4262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876193

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tran, Huy, , ,**Mailing Address 2510 Davidson Ave  
Apt 20City  
BronxState  
NYZip Code  
10468-4262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881062

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2714 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Traore, Issa, , ,**Mailing Address 640 Ev137th St  
Apt 8City  
BronxState  
NYZip Code  
10454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9876126

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Traore, Issa, , ,**Mailing Address 640 Ev137th St  
Apt 8City  
BronxState  
NYZip Code  
10454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9876127

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Traore, Issa, , ,**Mailing Address 640 Ev137th St  
Apt 8City  
BronxState  
NYZip Code  
10454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9876128

Amount of Each Receipt this Period

34.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2715 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Traore, Issa, , ,**Mailing Address 640 Ev137th St  
Apt 8City  
BronxState  
NYZip Code  
10454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876129

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Traore, Issa, , ,**Mailing Address 640 Ev137th St  
Apt 8City  
BronxState  
NYZip Code  
10454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876130

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Traore, Issa, , ,**Mailing Address 640 Ev137th St  
Apt 8City  
BronxState  
NYZip Code  
10454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876131

Amount of Each Receipt this Period

34.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2716 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trimmings, Beverly, , ,**Mailing Address 15726 NW 7th Ave  
Apt GCity  
MiamiState  
FLZip Code  
33169-6243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Dade Nursing and RehabilitationOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9873986

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trimmings, Beverly, , ,**Mailing Address 15726 NW 7th Ave  
Apt GCity  
MiamiState  
FLZip Code  
33169-6243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Dade Nursing and RehabilitationOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9873988

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trimmings, Beverly, , ,**Mailing Address 15726 NW 7th Ave  
Apt GCity  
MiamiState  
FLZip Code  
33169-6243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Dade Nursing and RehabilitationOccupation (for Individual)  
Housekeeping

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873987

Amount of Each Receipt this Period

24.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2717 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trinidad Abreu, Mayeling, , ,**Mailing Address 1610 Mahan Ave  
Apt 2GCity  
BronxState  
NYZip Code  
10461-5229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881099

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trinidad Abreu, Mayeling, , ,**Mailing Address 1610 Mahan Ave  
Apt 2GCity  
BronxState  
NYZip Code  
10461-5229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881101

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trinidad Abreu, Mayeling, , ,**Mailing Address 1610 Mahan Ave  
Apt 2GCity  
BronxState  
NYZip Code  
10461-5229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876203

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2718 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trinidad Abreu, Mayeling, , ,**Mailing Address 1610 Mahan Ave  
Apt 2GCity  
BronxState  
NYZip Code  
10461-5229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881097

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trinidad Abreu, Mayeling, , ,**Mailing Address 1610 Mahan Ave  
Apt 2GCity  
BronxState  
NYZip Code  
10461-5229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876204

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trinidad Abreu, Mayeling, , ,**Mailing Address 1610 Mahan Ave  
Apt 2GCity  
BronxState  
NYZip Code  
10461-5229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CLERK SENIOR-AWS SHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881098

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2719 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trotman, Trevor, , ,**

Mailing Address 764 E 91st St

City  
Brooklyn

State  
NY

Zip Code  
11236-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9882606**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trotman, Trevor, , ,**

Mailing Address 764 E 91st St

City  
Brooklyn

State  
NY

Zip Code  
11236-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

**Transaction ID : 9882607**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trotman, Trevor, , ,**

Mailing Address 764 E 91st St

City  
Brooklyn

State  
NY

Zip Code  
11236-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

**Transaction ID : 9875466**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2720 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trotman, Trevor, , ,**

Mailing Address 764 E 91st St

City  
BrooklynState  
NYZip Code  
11236-1420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882604

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trotman, Trevor, , ,**

Mailing Address 764 E 91st St

City  
BrooklynState  
NYZip Code  
11236-1420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875467

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trotman, Trevor, , ,**

Mailing Address 764 E 91st St

City  
BrooklynState  
NYZip Code  
11236-1420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882605

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2721 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tucker, Janna, , ,**Mailing Address 762 E 214th St  
Apt 4City  
BronxState  
NYZip Code  
10467-5936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9875023

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tucker, Janna, , ,**Mailing Address 762 E 214th St  
Apt 4City  
BronxState  
NYZip Code  
10467-5936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875024

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turbiak, Victoria, , ,**

Mailing Address 54 Eva Ave

City  
Staten IslandState  
NYZip Code  
10306-5610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
Switch Board Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877449

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2722 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turbiak, Victoria, , ,**

Mailing Address 54 Eva Ave

City  
Staten Island

State  
NY

Zip Code  
10306-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Switch Board Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

**Transaction ID : 9877450**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Turbiak, Victoria, , ,**

Mailing Address 54 Eva Ave

City  
Staten Island

State  
NY

Zip Code  
10306-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Switch Board Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9873632**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turbiak, Victoria, , ,**

Mailing Address 54 Eva Ave

City  
Staten Island

State  
NY

Zip Code  
10306-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-Nort

Occupation (for Individual)  
Switch Board Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9877447**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2723 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                            |                                                                                                     |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Turbiak, Victoria, , ,</b>             |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2025<br><b>Transaction ID : 9873633</b> |  |                     |
| Mailing Address 54 Eva Ave                                                                                                      |  |                                                            | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| City Staten Island                                                                                                              |  | State NY                                                   |                                                                                                     |  | Zip Code 10306-5610 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Staten Island University Hospital-Nort                                                     |  | Occupation (for Individual)<br>Switch Board Operator       |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Turbiak, Victoria, , ,</b>             |  |                                                            |                                                                                                     |  |                     |
| Mailing Address 54 Eva Ave                                                                                                      |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2025<br><b>Transaction ID : 9877448</b> |  |                     |
| City Staten Island                                                                                                              |  | State NY                                                   | Amount of Each Receipt this Period<br>20.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Staten Island University Hospital-Nort                                                     |  | Occupation (for Individual)<br>Switch Board Operator       |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                         |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Turner, Crystal, , ,</b>               |  |                                                            |                                                                                                     |  |                     |
| Mailing Address 17 Rich Ave<br>Apt 4J                                                                                           |  |                                                            | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 25 / 2025<br><b>Transaction ID : 9876695</b> |  |                     |
| City Mount Vernon                                                                                                               |  | State NY                                                   | Amount of Each Receipt this Period<br>40.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                            |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Triboro Center                                                                             |  | Occupation (for Individual)<br>Certified Nursing Assistant |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>460.00                         |                                                                                                     |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |  |                                                            | 80.00                                                                                               |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |  |                                                            |                                                                                                     |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2724 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turner, Crystal, , ,**Mailing Address 17 Rich Ave  
Apt 4J

City

Mount Vernon

State

NY

Zip Code

10550-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Triboro Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9876696

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Turner, Karen, , ,**

Mailing Address 1386 McBride St

City

Far Rockaway

State

NY

Zip Code

11691-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rockaway Home Attendant Service Inc.

Occupation (for Individual)

Home Health Aide

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9880058

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turner, Karen, , ,**

Mailing Address 1386 McBride St

City

Far Rockaway

State

NY

Zip Code

11691-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rockaway Home Attendant Service Inc.

Occupation (for Individual)

Home Health Aide

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : 9880057

Amount of Each Receipt this Period

30.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2725 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turner, Karen, , ,**

Mailing Address 1386 McBride St

City  
Far Rockaway

State  
NY

Zip Code  
11691-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 04 / 2025

**Transaction ID : 9874044**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Turner, Karen, , ,**

Mailing Address 1386 McBride St

City  
Far Rockaway

State  
NY

Zip Code  
11691-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rockaway Home Attendant Service Inc.

Occupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 04 / 2025

**Transaction ID : 9880056**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turner-Biggs, Veronica, , ,**

Mailing Address 621 N Terrace Ave  
Apt 6A

City  
Mount Vernon

State  
NY

Zip Code  
10552-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Secretary Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 18 / 2025

**Transaction ID : 9880783**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2726 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turner-Biggs, Veronica, , ,**Mailing Address 621 N Terrace Ave  
Apt 6A

City

Mount Vernon

State

NY

Zip Code

10552-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Secretary Treasurer

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880784

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Turner-Biggs, Veronica, , ,**Mailing Address 621 N Terrace Ave  
Apt 6A

City

Mount Vernon

State

NY

Zip Code

10552-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Secretary Treasurer

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880786

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turner-Biggs, Veronica, , ,**Mailing Address 621 N Terrace Ave  
Apt 6A

City

Mount Vernon

State

NY

Zip Code

10552-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

1199 SEIU

Occupation (for Individual)

Secretary Treasurer

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880787

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2727 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turner-Biggs, Veronica, , ,**

Mailing Address 621 N Terrace Ave  
Apt 6A

City  
Mount Vernon

State  
NY

Zip Code  
10552-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Secretary Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876762**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Turner-Biggs, Veronica, , ,**

Mailing Address 621 N Terrace Ave  
Apt 6A

City  
Mount Vernon

State  
NY

Zip Code  
10552-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Secretary Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9880782**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Twomey, Laniesha, , ,**

Mailing Address 33 Braemar Dr  
Apt 13

City  
Liverpool

State  
NY

Zip Code  
13090-4093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crouse Hospital

Occupation (for Individual)  
Inpatient Admitting Rep Float

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : 9876644**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2728 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Twomey, Laniesha, , ,</b>              |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 19 / 2025<br><b>Transaction ID : 9880628</b> |                                    |
| Mailing Address 33 Braemar Dr<br>Apt 13                                                                                         |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Liverpool                                                                                                               | State<br>NY | Zip Code<br>13090-4093                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Crouse Hospital                                                                            |             | Occupation (for Individual)<br>Inpatient Admitting Rep Float                                        |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Twomey, Laniesha, , ,</b>              |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9876645</b> |                                    |
| Mailing Address 33 Braemar Dr<br>Apt 13                                                                                         |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Liverpool                                                                                                               | State<br>NY | Zip Code<br>13090-4093                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Crouse Hospital                                                                            |             | Occupation (for Individual)<br>Inpatient Admitting Rep Float                                        |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Twomey, Laniesha, , ,</b>              |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9880629</b> |                                    |
| Mailing Address 33 Braemar Dr<br>Apt 13                                                                                         |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Liverpool                                                                                                               | State<br>NY | Zip Code<br>13090-4093                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Crouse Hospital                                                                            |             | Occupation (for Individual)<br>Inpatient Admitting Rep Float                                        |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2729 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tyma, Alexander, , ,**

Mailing Address 44 Salem Rd

City  
HicksvilleState  
NYZip Code  
11801-5765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
DIC MRI Tchnl - Contrast IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880312

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tyma, Alexander, , ,**

Mailing Address 44 Salem Rd

City  
HicksvilleState  
NYZip Code  
11801-5765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
DIC MRI Tchnl - Contrast IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880313

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tyma, Alexander, , ,**

Mailing Address 44 Salem Rd

City  
HicksvilleState  
NYZip Code  
11801-5765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
DIC MRI Tchnl - Contrast IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874095

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2730 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tyma, Alexander, , ,**

Mailing Address 44 Salem Rd

City  
HicksvilleState  
NYZip Code  
11801-5765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
DIC MRI Tchnl - Contrast IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9880310

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tyma, Alexander, , ,**

Mailing Address 44 Salem Rd

City  
HicksvilleState  
NYZip Code  
11801-5765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
DIC MRI Tchnl - Contrast IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874096

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tyma, Alexander, , ,**

Mailing Address 44 Salem Rd

City  
HicksvilleState  
NYZip Code  
11801-5765FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health Ambulatory ServicesOccupation (for Individual)  
DIC MRI Tchnl - Contrast IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9880311

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2731 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tyrrell, Bruce, , ,**Mailing Address 540 E 22nd St  
Apt 4ICity  
BrooklynState  
NYZip Code  
11226-7266FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9879005

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tyrrell, Bruce, , ,**Mailing Address 540 E 22nd St  
Apt 4ICity  
BrooklynState  
NYZip Code  
11226-7266FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9875709

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tyrrell, Bruce, , ,**Mailing Address 540 E 22nd St  
Apt 4ICity  
BrooklynState  
NYZip Code  
11226-7266FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879032

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2732 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tyrrell, Bruce, , ,**

Mailing Address 540 E 22nd St  
Apt 4I

City  
Brooklyn

State  
NY

Zip Code  
11226-7266

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2025

Transaction ID : 9879006

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tyrrell, Bruce, , ,**

Mailing Address 540 E 22nd St  
Apt 4I

City  
Brooklyn

State  
NY

Zip Code  
11226-7266

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9875710

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tyrrell, Bruce, , ,**

Mailing Address 540 E 22nd St  
Apt 4I

City  
Brooklyn

State  
NY

Zip Code  
11226-7266

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2025

Transaction ID : 9879033

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2733 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Tyrrell, Bruce, , ,</b></p> <p>Mailing Address 540 E 22nd St<br/>Apt 4I</p> <p>City Brooklyn State NY Zip Code 11226-7266</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Payroll Clerk Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p> |  | <p>Date of Receipt</p> <p><b>09 / 02 / 2025</b></p> <p><b>Transaction ID : 9879007</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Tyrrell, Bruce, , ,</b></p> <p>Mailing Address 540 E 22nd St<br/>Apt 4I</p> <p>City Brooklyn State NY Zip Code 11226-7266</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Payroll Clerk Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p> |  | <p>Date of Receipt</p> <p><b>11 / 24 / 2025</b></p> <p><b>Transaction ID : 9875712</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Tyrrell, Bruce, , ,</b></p> <p>Mailing Address 540 E 22nd St<br/>Apt 4I</p> <p>City Brooklyn State NY Zip Code 11226-7266</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Payroll Clerk Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p> |  | <p>Date of Receipt</p> <p><b>11 / 24 / 2025</b></p> <p><b>Transaction ID : 9879035</b></p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 30.00                                                                                                                                                                                |
| <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                      |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2734 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tyrrell, Bruce, , ,**Mailing Address 540 E 22nd St  
Apt 4lCity  
BrooklynState  
NYZip Code  
11226-7266FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875711

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tyrrell, Bruce, , ,**Mailing Address 540 E 22nd St  
Apt 4lCity  
BrooklynState  
NYZip Code  
11226-7266FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical CenterOccupation (for Individual)  
Payroll Clerk Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9879034

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Urbina Rojas, Teresa, , ,**

Mailing Address 6 Springbriar Ln

City  
CentereachState  
NYZip Code  
11720-4317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025

Transaction ID : 9880178

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2735 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Urbina Rojas, Teresa, , ,**

Mailing Address 6 Springbriar Ln

City  
Centereach

State  
NY

Zip Code  
11720-4317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

08 / 14 / 2025

**Transaction ID : 9880179**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Urbina Rojas, Teresa, , ,**

Mailing Address 6 Springbriar Ln

City  
Centereach

State  
NY

Zip Code  
11720-4317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 22 / 2025

**Transaction ID : 9880180**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Urbina Rojas, Teresa, , ,**

Mailing Address 6 Springbriar Ln

City  
Centereach

State  
NY

Zip Code  
11720-4317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and Nursin

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

12 / 18 / 2025

**Transaction ID : 9873713**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2736 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Urbina Rojas, Teresa, , ,**

Mailing Address 6 Springbriar Ln

City  
CentereachState  
NYZip Code  
11720-4317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smithtown Center For Rehab. and NursinOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9880177

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Valcourt, Nadia, , ,**Mailing Address 1048 NE 128th St  
Apt 6City  
North MiamiState  
FLZip Code  
33161-4260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9881444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Valcourt, Nadia, , ,**Mailing Address 1048 NE 128th St  
Apt 6City  
North MiamiState  
FLZip Code  
33161-4260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (U

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875061

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2737 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Valcourt, Nadia, , ,**Mailing Address 1048 NE 128th St  
Apt 6City  
North MiamiState  
FLZip Code  
33161-4260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881442

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Valcourt, Nadia, , ,**Mailing Address 1048 NE 128th St  
Apt 6City  
North MiamiState  
FLZip Code  
33161-4260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Environmental Services Technician 1 (L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9881443

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Valerio, Vladimir, , ,**Mailing Address 226 Kimberly Pl  
Apt 5GCity  
BronxState  
NYZip Code  
10463-5311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Maintenance Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877769

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2738 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Valerio, Vladimir, , ,**Mailing Address 226 Kimberly Pl  
Apt 5GCity  
BronxState  
NYZip Code  
10463-5311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Maintenance Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9877770

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Valerio, Vladimir, , ,**Mailing Address 226 Kimberly Pl  
Apt 5GCity  
BronxState  
NYZip Code  
10463-5311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Maintenance Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2025

Transaction ID : 9877771

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Valerio, Vladimir, , ,**Mailing Address 226 Kimberly Pl  
Apt 5GCity  
BronxState  
NYZip Code  
10463-5311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Maintenance Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9877772

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2739 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Valerio, Vladimir, , ,**Mailing Address 226 Kimberly Pl  
Apt 5GCity  
BronxState  
NYZip Code  
10463-5311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Maintenance Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874722

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Valerio, Vladimir, , ,**Mailing Address 226 Kimberly Pl  
Apt 5GCity  
BronxState  
NYZip Code  
10463-5311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian HospitalOccupation (for Individual)  
Maintenance Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9877768

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Valon, Merline, , ,**

Mailing Address 129 Stuyvesant Ave

City  
NewarkState  
NJZip Code  
07106-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Optima Care HarborviewOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9881655

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2740 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Valon, Merline, , ,**

Mailing Address 129 Stuyvesant Ave

City  
NewarkState  
NJZip Code  
07106-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Optima Care HarborviewOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9881656

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Valon, Merline, , ,**

Mailing Address 129 Stuyvesant Ave

City  
NewarkState  
NJZip Code  
07106-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Optima Care HarborviewOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9881657

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Valon, Merline, , ,**

Mailing Address 129 Stuyvesant Ave

City  
NewarkState  
NJZip Code  
07106-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Optima Care HarborviewOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875932

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2741 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Valon, Merline, , ,**

Mailing Address 129 Stuyvesant Ave

City  
NewarkState  
NJZip Code  
07106-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Optima Care HarborviewOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881654

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vannoy, Rodney, , ,**Mailing Address 2289 5th Ave  
Apt 2HHCity  
New YorkState  
NYZip Code  
10037-1762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877292

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vannoy, Rodney, , ,**Mailing Address 2289 5th Ave  
Apt 2HHCity  
New YorkState  
NYZip Code  
10037-1762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877293

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2742 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vannoy, Rodney, , ,**Mailing Address 2289 5th Ave  
Apt 2HHCity  
New YorkState  
NYZip Code  
10037-1762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877294

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vannoy, Rodney, , ,**Mailing Address 2289 5th Ave  
Apt 2HHCity  
New YorkState  
NYZip Code  
10037-1762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877295

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vannoy, Rodney, , ,**Mailing Address 2289 5th Ave  
Apt 2HHCity  
New YorkState  
NYZip Code  
10037-1762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876084

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2743 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vannoy, Rodney, , ,**Mailing Address 2289 5th Ave  
Apt 2HHCity  
New YorkState  
NYZip Code  
10037-1762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877291

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vantuyl, Katherine, , ,**

Mailing Address 152 Lakeview Drive Rd

City  
Highland LakeState  
NYZip Code  
12743-5008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9880615

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vantuyl, Katherine, , ,**

Mailing Address 152 Lakeview Drive Rd

City  
Highland LakeState  
NYZip Code  
12743-5008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9880614

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2744 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vantuyl, Katherine, , ,**

Mailing Address 152 Lakeview Drive Rd

City  
Highland Lake

State  
NY

Zip Code  
12743-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 23 / 2025

**Transaction ID : 9880616**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vantuyl, Katherine, , ,**

Mailing Address 152 Lakeview Drive Rd

City  
Highland Lake

State  
NY

Zip Code  
12743-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 05 / 2025

**Transaction ID : 9880617**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vantuyl, Katherine, , ,**

Mailing Address 152 Lakeview Drive Rd

City  
Highland Lake

State  
NY

Zip Code  
12743-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2025

**Transaction ID : 9874159**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2745 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vantuyl, Katherine, , ,**

Mailing Address 152 Lakeview Drive Rd

City  
Highland Lake

State  
NY

Zip Code  
12743-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secours Community Hospital (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9880613**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vargas Cruz, Biadelka, , ,**

Mailing Address 254 E 202nd St

City  
Bronx

State  
NY

Zip Code  
10458-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Clinical laboratory technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9877656**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vargas Cruz, Biadelka, , ,**

Mailing Address 254 E 202nd St

City  
Bronx

State  
NY

Zip Code  
10458-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation-144

Occupation (for Individual)  
Clinical laboratory technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

**Transaction ID : 9874169**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2746 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vargas Cruz, Biadelka, , ,**

Mailing Address 254 E 202nd St

City  
BronxState  
NYZip Code  
10458-1629FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical laboratory technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 26    |   | 2025        |

**Transaction ID : 9877654**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vargas Cruz, Biadelka, , ,**

Mailing Address 254 E 202nd St

City  
BronxState  
NYZip Code  
10458-1629FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical laboratory technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

**Transaction ID : 9874170**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vargas Cruz, Biadelka, , ,**

Mailing Address 254 E 202nd St

City  
BronxState  
NYZip Code  
10458-1629FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health And Hospital Corporation-144Occupation (for Individual)  
Clinical laboratory technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2025        |

**Transaction ID : 9877655**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2747 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vargas, Elizabeth, , ,**

Mailing Address 2 Hawthorne Ave

City  
Central IslipState  
NYZip Code  
11722-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9873700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vargas, Elizabeth, , ,**

Mailing Address 2 Hawthorne Ave

City  
Central IslipState  
NYZip Code  
11722-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2025

Transaction ID : 9880189

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vargas, Elizabeth, , ,**

Mailing Address 2 Hawthorne Ave

City  
Central IslipState  
NYZip Code  
11722-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9873701

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2748 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vargas, Elizabeth, , ,**

Mailing Address 2 Hawthorne Ave

City  
Central IslipState  
NYZip Code  
11722-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873702

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vargas, Yanira, , ,**Mailing Address 40 Morrow Ave  
Apt 2JSCity  
ScarsdaleState  
NYZip Code  
10583-8179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9876648

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vargas, Yanira, , ,**Mailing Address 40 Morrow Ave  
Apt 2JSCity  
ScarsdaleState  
NYZip Code  
10583-8179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9878252

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2749 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vargas, Yanira, , ,**Mailing Address 40 Morrow Ave  
Apt 2JSCity  
ScarsdaleState  
NYZip Code  
10583-8179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9876649

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vargas, Yanira, , ,**Mailing Address 40 Morrow Ave  
Apt 2JSCity  
ScarsdaleState  
NYZip Code  
10583-8179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878253

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vargas, Yanira, , ,**Mailing Address 40 Morrow Ave  
Apt 2JSCity  
ScarsdaleState  
NYZip Code  
10583-8179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9876650

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2750 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vargas, Yanira, , ,**Mailing Address 40 Morrow Ave  
Apt 2JSCity  
ScarsdaleState  
NYZip Code  
10583-8179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9878254

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vasquez, Epifania, , ,**Mailing Address 245 E 178th St  
Apt 1GCity  
BronxState  
NYZip Code  
10457-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Nutrition Ambassador

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9877638

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vasquez, Epifania, , ,**Mailing Address 245 E 178th St  
Apt 1GCity  
BronxState  
NYZip Code  
10457-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Nutrition Ambassador

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9876096

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2751 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vasquez, Epifania, , ,**Mailing Address 245 E 178th St  
Apt 1GCity  
BronxState  
NYZip Code  
10457-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Nutrition Ambassador

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9877636

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vasquez, Epifania, , ,**Mailing Address 245 E 178th St  
Apt 1GCity  
BronxState  
NYZip Code  
10457-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Nutrition Ambassador

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9876097

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vasquez, Epifania, , ,**Mailing Address 245 E 178th St  
Apt 1GCity  
BronxState  
NYZip Code  
10457-4016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Barnabas HospitalOccupation (for Individual)  
Nutrition Ambassador

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9877637

Amount of Each Receipt this Period

18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2752 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vasquez, Renia, , ,**

Mailing Address 140 Vermilyea Ave  
Apt 5F

City  
New York

State  
NY

Zip Code  
10034-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9877267

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vasquez, Renia, , ,**

Mailing Address 140 Vermilyea Ave  
Apt 5F

City  
New York

State  
NY

Zip Code  
10034-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2025

Transaction ID : 9877268

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vasquez, Renia, , ,**

Mailing Address 140 Vermilyea Ave  
Apt 5F

City  
New York

State  
NY

Zip Code  
10034-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9873563

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2753 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vasquez, Renia, , ,**

Mailing Address 140 Vermilyea Ave  
Apt 5F

City  
New York

State  
NY

Zip Code  
10034-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2025

Transaction ID : 9877265

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vasquez, Renia, , ,**

Mailing Address 140 Vermilyea Ave  
Apt 5F

City  
New York

State  
NY

Zip Code  
10034-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9873564

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vasquez, Renia, , ,**

Mailing Address 140 Vermilyea Ave  
Apt 5F

City  
New York

State  
NY

Zip Code  
10034-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical Center

Occupation (for Individual)  
MEDICAL OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9877266

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2754 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vassell, Wilton, , ,**Mailing Address 3115 Avenue I  
Apt 3JCity  
BrooklynState  
NYZip Code  
11210-3827FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878830

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vassell, Wilton, , ,**Mailing Address 3115 Avenue I  
Apt 3JCity  
BrooklynState  
NYZip Code  
11210-3827FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9878831

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vassell, Wilton, , ,**Mailing Address 3115 Avenue I  
Apt 3JCity  
BrooklynState  
NYZip Code  
11210-3827FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Environmental Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873451

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2755 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                   |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Vassell, Wilton, , ,</b>               |             |                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 10 / 2025<br><b>Transaction ID : 9878828</b> |  |
| Mailing Address 3115 Avenue I<br>Apt 3J                                                                                         |             |                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11210-3827                            | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>New York Presbyterian-Brooklyn Methodi                                                     |             | Occupation (for Individual)<br>Environmental Aide |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Vassell, Wilton, , ,</b>               |             |                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9873452</b> |  |
| Mailing Address 3115 Avenue I<br>Apt 3J                                                                                         |             |                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11210-3827                            | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>New York Presbyterian-Brooklyn Methodi                                                     |             | Occupation (for Individual)<br>Environmental Aide |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Vassell, Wilton, , ,</b>               |             |                                                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9878829</b> |  |
| Mailing Address 3115 Avenue I<br>Apt 3J                                                                                         |             |                                                   | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Brooklyn                                                                                                                | State<br>NY | Zip Code<br>11210-3827                            | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                   |                                                                                                     |  |
| Name of Employer (for Individual)<br>New York Presbyterian-Brooklyn Methodi                                                     |             | Occupation (for Individual)<br>Environmental Aide |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                   | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                   |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2756 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7

City

Mount Vernon

State

NY

Zip Code

10550-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pelham Parkway Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878172

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7

City

Mount Vernon

State

NY

Zip Code

10550-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pelham Parkway Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878201

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7

City

Mount Vernon

State

NY

Zip Code

10550-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pelham Parkway Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9878173

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2757 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vaughn, Sonia, , ,**

Mailing Address 102 W 1st St  
Apt 7

City  
Mount Vernon

State  
NY

Zip Code  
10550-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9878202

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughn, Sonia, , ,**

Mailing Address 102 W 1st St  
Apt 7

City  
Mount Vernon

State  
NY

Zip Code  
10550-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 10 / 2025

Transaction ID : 9878174

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vaughn, Sonia, , ,**

Mailing Address 102 W 1st St  
Apt 7

City  
Mount Vernon

State  
NY

Zip Code  
10550-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 09 / 2025

Transaction ID : 9878175

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2758 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7City  
Mount VernonState  
NYZip Code  
10550-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878176

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7City  
Mount VernonState  
NYZip Code  
10550-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875357

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7City  
Mount VernonState  
NYZip Code  
10550-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878199

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2759 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7City  
Mount VernonState  
NYZip Code  
10550-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9875358

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7City  
Mount VernonState  
NYZip Code  
10550-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9878200

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vaughn, Sonia, , ,**Mailing Address 102 W 1st St  
Apt 7City  
Mount VernonState  
NYZip Code  
10550-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pelham Parkway Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878177

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2760 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Velasquez, Rosa, , ,**

Mailing Address 74 Coles St

City  
Glen CoveState  
NYZip Code  
11542-2327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879808

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Velasquez, Rosa, , ,**

Mailing Address 74 Coles St

City  
Glen CoveState  
NYZip Code  
11542-2327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879809

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Velasquez, Rosa, , ,**

Mailing Address 74 Coles St

City  
Glen CoveState  
NYZip Code  
11542-2327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879810

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2761 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Velasquez, Rosa, , ,**

Mailing Address 74 Coles St

City  
Glen Cove

State  
NY

Zip Code  
11542-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

11 / 24 / 2025

Transaction ID : 9873531

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Velasquez, Rosa, , ,**

Mailing Address 74 Coles St

City  
Glen Cove

State  
NY

Zip Code  
11542-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at G

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

11 / 24 / 2025

Transaction ID : 9879807

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Veloz, Dulcelina, , ,**

Mailing Address 3060 Hull Ave  
Apt 20

City  
Bronx

State  
NY

Zip Code  
10467-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 10 / 2025

Transaction ID : 9881051

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2762 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Veloz, Dulcelina, , ,**Mailing Address 3060 Hull Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881052

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Veloz, Dulcelina, , ,**Mailing Address 3060 Hull Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881053

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Veloz, Dulcelina, , ,**Mailing Address 3060 Hull Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881054

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2763 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Veloz, Dulcelina, , ,**Mailing Address 3060 Hull Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876198

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Veloz, Dulcelina, , ,**Mailing Address 3060 Hull Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881050

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ventura, Demy, , ,**Mailing Address 1774 Eastburn Ave  
Apt 22City  
BronxState  
NYZip Code  
10457-6932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881142

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2764 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ventura, Demy, , ,**Mailing Address 1774 Eastburn Ave  
Apt 22City  
BronxState  
NYZip Code  
10457-6932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881143

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ventura, Demy, , ,**Mailing Address 1774 Eastburn Ave  
Apt 22City  
BronxState  
NYZip Code  
10457-6932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876223

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ventura, Demy, , ,**Mailing Address 1774 Eastburn Ave  
Apt 22City  
BronxState  
NYZip Code  
10457-6932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881140

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2765 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ventura, Demy, , ,**Mailing Address 1774 Eastburn Ave  
Apt 22City  
BronxState  
NYZip Code  
10457-6932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876224

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ventura, Demy, , ,**Mailing Address 1774 Eastburn Ave  
Apt 22City  
BronxState  
NYZip Code  
10457-6932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Secretary II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881141

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd Pl

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9882248

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2766 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd PI

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9882249

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd PI

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875298

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd PI

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9882245

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2767 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd PI

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875299

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd PI

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9882246

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd PI

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9875300

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2768 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Verdera, Yadira, , ,**

Mailing Address 6030 SW 133rd Pl

City  
MiamiState  
FLZip Code  
33183-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Kendall HospitalOccupation (for Individual)  
Patient Care Tech/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2025

Transaction ID : 9882247

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Verno, Marie, , ,**

Mailing Address 19408 115th Rd

City  
Saint AlbansState  
NYZip Code  
11412-2710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9879406

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Verno, Marie, , ,**

Mailing Address 19408 115th Rd

City  
Saint AlbansState  
NYZip Code  
11412-2710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879407

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2769 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Verno, Marie, , ,**

Mailing Address 19408 115th Rd

City  
Saint AlbansState  
NYZip Code  
11412-2710FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879408

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Verno, Marie, , ,**

Mailing Address 19408 115th Rd

City  
Saint AlbansState  
NYZip Code  
11412-2710FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873515

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Verno, Marie, , ,**

Mailing Address 19408 115th Rd

City  
Saint AlbansState  
NYZip Code  
11412-2710FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

206.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9879405

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2770 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vigueras, Christopher, , ,**

Mailing Address 3543 NE 4th St

City  
Homestead

State  
FL

Zip Code  
33033-7131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

**Transaction ID : 9882087**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vigueras, Christopher, , ,**

Mailing Address 3543 NE 4th St

City  
Homestead

State  
FL

Zip Code  
33033-7131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9875255**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vigueras, Christopher, , ,**

Mailing Address 3543 NE 4th St

City  
Homestead

State  
FL

Zip Code  
33033-7131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

**Transaction ID : 9882085**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2771 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vigueras, Christopher, , ,**

Mailing Address 3543 NE 4th St

City  
HomesteadState  
FLZip Code  
33033-7131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Registered Nurse 2 - Specialty (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882086

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villani, Antonella, , ,**Mailing Address 60 Point St  
Apt 19City  
YonkersState  
NYZip Code  
10701-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880977

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Villani, Antonella, , ,**Mailing Address 60 Point St  
Apt 19City  
YonkersState  
NYZip Code  
10701-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880978

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2772 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Villani, Antonella, , ,**Mailing Address 60 Point St  
Apt 19City  
YonkersState  
NYZip Code  
10701-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880979

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villani, Antonella, , ,**Mailing Address 60 Point St  
Apt 19City  
YonkersState  
NYZip Code  
10701-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876188

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Villani, Antonella, , ,**Mailing Address 60 Point St  
Apt 19City  
YonkersState  
NYZip Code  
10701-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9880976

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2773 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Villani, Antonella, , ,**Mailing Address 60 Point St  
Apt 19City  
YonkersState  
NYZip Code  
10701-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
Patient Service Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880981

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villanueva Acosta, Jose, , ,**Mailing Address 1240 Walton Ave  
Apt 304City  
BronxState  
NYZip Code  
10452-8026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9877542

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Villanueva Acosta, Jose, , ,**Mailing Address 1240 Walton Ave  
Apt 304City  
BronxState  
NYZip Code  
10452-8026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9874037

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2774 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Villanueva Acosta, Jose, , ,**Mailing Address 1240 Walton Ave  
Apt 304City  
BronxState  
NYZip Code  
10452-8026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2025

Transaction ID : 9877540

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villanueva Acosta, Jose, , ,**Mailing Address 1240 Walton Ave  
Apt 304City  
BronxState  
NYZip Code  
10452-8026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9874038

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Villanueva Acosta, Jose, , ,**Mailing Address 1240 Walton Ave  
Apt 304City  
BronxState  
NYZip Code  
10452-8026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health And Hospital Corporation -721Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2025

Transaction ID : 9877541

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2775 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Villanueva, Miguel, , ,**Mailing Address 101 Vanderveer St  
FI 2City  
BrooklynState  
NYZip Code  
11207-1712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882541

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villanueva, Miguel, , ,**Mailing Address 101 Vanderveer St  
FI 2City  
BrooklynState  
NYZip Code  
11207-1712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882542

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Villanueva, Miguel, , ,**Mailing Address 101 Vanderveer St  
FI 2City  
BrooklynState  
NYZip Code  
11207-1712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875355

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2776 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Villanueva, Miguel, , ,**Mailing Address 101 Vanderveer St  
FI 2City  
BrooklynState  
NYZip Code  
11207-1712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882539

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villanueva, Miguel, , ,**Mailing Address 101 Vanderveer St  
FI 2City  
BrooklynState  
NYZip Code  
11207-1712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875356

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Villanueva, Miguel, , ,**Mailing Address 101 Vanderveer St  
FI 2City  
BrooklynState  
NYZip Code  
11207-1712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882540

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2777 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vines, Derek, , ,**Mailing Address 20 Grant Ave  
Apt 3City  
IslipState  
NYZip Code  
11751-3553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9880249

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vines, Derek, , ,**Mailing Address 20 Grant Ave  
Apt 3City  
IslipState  
NYZip Code  
11751-3553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9880250

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vines, Derek, , ,**Mailing Address 20 Grant Ave  
Apt 3City  
IslipState  
NYZip Code  
11751-3553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9874069

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2778 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vines, Derek, , ,**Mailing Address 20 Grant Ave  
Apt 3City  
IslipState  
NYZip Code  
11751-3553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9880247

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vines, Derek, , ,**Mailing Address 20 Grant Ave  
Apt 3City  
IslipState  
NYZip Code  
11751-3553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9874070

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vines, Derek, , ,**Mailing Address 20 Grant Ave  
Apt 3City  
IslipState  
NYZip Code  
11751-3553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affinity Skilled Living Rehab CenterOccupation (for Individual)  
Dietary Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880248

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2779 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Voloshyn, Vasyi, , ,**Mailing Address **1 Mulberry St**  
**Apt 3R**City  
YonkersState  
NYZip Code  
10701-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MONITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2025        |

**Transaction ID : 9878308**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Voloshyn, Vasyi, , ,**Mailing Address **1 Mulberry St**  
**Apt 3R**City  
YonkersState  
NYZip Code  
10701-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MONITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 20    |   | 2025        |

**Transaction ID : 9878307**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Voloshyn, Vasyi, , ,**Mailing Address **1 Mulberry St**  
**Apt 3R**City  
YonkersState  
NYZip Code  
10701-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MONITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2025        |

**Transaction ID : 9875072**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2780 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Voloshyn, Vasyi, , ,**Mailing Address **1 Mulberry St**  
**Apt 3R**City  
YonkersState  
NYZip Code  
10701-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MONITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**11** / **14** / **2025****Transaction ID : 9878305**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Voloshyn, Vasyi, , ,**Mailing Address **1 Mulberry St**  
**Apt 3R**City  
YonkersState  
NYZip Code  
10701-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MONITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12** / **17** / **2025****Transaction ID : 9875073**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Voloshyn, Vasyi, , ,**Mailing Address **1 Mulberry St**  
**Apt 3R**City  
YonkersState  
NYZip Code  
10701-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
St John's Riverside HospitalOccupation (for Individual)  
TECHNICIAN MONITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12** / **17** / **2025****Transaction ID : 9878306**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2781 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walford Pitter, Audette, , ,**Mailing Address 120 Casals Pl  
BldgCity  
BronxState  
NYZip Code  
10475-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9878080

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walford Pitter, Audette, , ,**Mailing Address 120 Casals Pl  
BldgCity  
BronxState  
NYZip Code  
10475-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9878100

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walford Pitter, Audette, , ,**Mailing Address 120 Casals Pl  
BldgCity  
BronxState  
NYZip Code  
10475-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9878081

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2782 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walford Pitter, Audette, , ,**

Mailing Address 120 Casals Pl  
Bldg

City  
Bronx

State  
NY

Zip Code  
10475-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 20 / 2025

Transaction ID : 9878101

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walford Pitter, Audette, , ,**

Mailing Address 120 Casals Pl  
Bldg

City  
Bronx

State  
NY

Zip Code  
10475-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 12 / 2025

Transaction ID : 9878082

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walford Pitter, Audette, , ,**

Mailing Address 120 Casals Pl  
Bldg

City  
Bronx

State  
NY

Zip Code  
10475-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9878102

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2783 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walford Pitter, Audette, , ,**Mailing Address 120 Casals Pl  
BldgCity  
BronxState  
NYZip Code  
10475-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878083

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walford Pitter, Audette, , ,**Mailing Address 120 Casals Pl  
BldgCity  
BronxState  
NYZip Code  
10475-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9878103

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walford Pitter, Audette, , ,**Mailing Address 120 Casals Pl  
BldgCity  
BronxState  
NYZip Code  
10475-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing HomeOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9878084

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2784 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walford Pitter, Audette, , ,**

Mailing Address 120 Casals Pl  
Bldg

City  
Bronx

State  
NY

Zip Code  
10475-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9878085**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walford Pitter, Audette, , ,**

Mailing Address 120 Casals Pl  
Bldg

City  
Bronx

State  
NY

Zip Code  
10475-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9875766**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walford Pitter, Audette, , ,**

Mailing Address 120 Casals Pl  
Bldg

City  
Bronx

State  
NY

Zip Code  
10475-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Park Nursing Home

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9878099**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2785 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**07 / 08 / 2025**

**Transaction ID : 9873378**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**07 / 08 / 2025**

**Transaction ID : 9877962**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**07 / 15 / 2025**

**Transaction ID : 9873379**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2786 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**07 / 15 / 2025**

**Transaction ID : 9877963**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**08 / 13 / 2025**

**Transaction ID : 9876577**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**08 / 13 / 2025**

**Transaction ID : 9877943**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2787 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**09 / 02 / 2025**

**Transaction ID : 9873380**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**09 / 18 / 2025**

**Transaction ID : 9876578**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**09 / 18 / 2025**

**Transaction ID : 9877944**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2788 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**09 / 29 / 2025**

**Transaction ID : 9873381**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**10 / 21 / 2025**

**Transaction ID : 9876579**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**11 / 05 / 2025**

**Transaction ID : 9873382**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2789 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Karen, , ,**

Mailing Address 3047 Ely Ave

City  
Bronx

State  
NY

Zip Code  
10469-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Andrus on Hudson

Occupation (for Individual)  
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9873383**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Kayla, , ,**

Mailing Address 711 E 108th St  
Apt 3C

City  
Brooklyn

State  
NY

Zip Code  
11236-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing Home

Occupation (for Individual)  
DIETAIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2025

**Transaction ID : 9879160**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Kayla, , ,**

Mailing Address 711 E 108th St  
Apt 3C

City  
Brooklyn

State  
NY

Zip Code  
11236-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing Home

Occupation (for Individual)  
DIETAIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2025

**Transaction ID : 9879161**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2790 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Kayla, , ,**Mailing Address 711 E 108th St  
Apt 3CCity  
BrooklynState  
NYZip Code  
11236-2915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
DIETAIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9879162

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Kayla, , ,**Mailing Address 711 E 108th St  
Apt 3CCity  
BrooklynState  
NYZip Code  
11236-2915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
DIETAIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9879163

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Kayla, , ,**Mailing Address 711 E 108th St  
Apt 3CCity  
BrooklynState  
NYZip Code  
11236-2915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
DIETAIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9875836

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2791 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Kayla, , ,**Mailing Address 711 E 108th St  
Apt 3CCity  
BrooklynState  
NYZip Code  
11236-2915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cobble Hill Nursing HomeOccupation (for Individual)  
DIETAIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9879159

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Lashonn, , ,**Mailing Address 212 Crown St  
Apt 2HCity  
BrooklynState  
NYZip Code  
11225-2358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9880987

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Lashonn, , ,**Mailing Address 212 Crown St  
Apt 2HCity  
BrooklynState  
NYZip Code  
11225-2358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9880988

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2792 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Lashonn, , ,**Mailing Address 212 Crown St  
Apt 2HCity  
BrooklynState  
NYZip Code  
11225-2358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9880989

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walker, Lashonn, , ,**Mailing Address 212 Crown St  
Apt 2HCity  
BrooklynState  
NYZip Code  
11225-2358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9880990

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Lashonn, , ,**Mailing Address 212 Crown St  
Apt 2HCity  
BrooklynState  
NYZip Code  
11225-2358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876180

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2793 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walker, Lashonn, , ,**Mailing Address 212 Crown St  
Apt 2HCity  
BrooklynState  
NYZip Code  
11225-2358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
SENIOR CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9880986

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wallace, Adonica, , ,**Mailing Address 120 Aldrich St  
Apt 16GCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9876630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wallace, Adonica, , ,**Mailing Address 120 Aldrich St  
Apt 16GCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9878129

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2794 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wallace, Adonica, , ,**Mailing Address 120 Aldrich St  
Apt 16GCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9876631

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wallace, Adonica, , ,**Mailing Address 120 Aldrich St  
Apt 16GCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878130

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wallace, Adonica, , ,**Mailing Address 120 Aldrich St  
Apt 16GCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9876632

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2795 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wallace, Adonica, , ,**Mailing Address 120 Aldrich St  
Apt 16GCity  
BronxState  
NYZip Code  
10475-4510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Workmens CircleOccupation (for Individual)  
Certified Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2025

Transaction ID : 9878131

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waller, Isabella, , ,**

Mailing Address 3586 Route 32

City

Saugerties

State

NY

Zip Code

12477-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family Health Mid HudsonOccupation (for Individual)  
DENTAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9880439

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waller, Isabella, , ,**

Mailing Address 3586 Route 32

City

Saugerties

State

NY

Zip Code

12477-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family Health Mid HudsonOccupation (for Individual)  
DENTAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9880441

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2796 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waller, Isabella, , ,**

Mailing Address 3586 Route 32

City  
Saugerties

State  
NY

Zip Code  
12477-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Institute for Family Health Mid Hudson

Occupation (for Individual)  
DENTAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**09 / 02 / 2025**

**Transaction ID : 9880442**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waller, Isabella, , ,**

Mailing Address 3586 Route 32

City  
Saugerties

State  
NY

Zip Code  
12477-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Institute for Family Health Mid Hudson

Occupation (for Individual)  
DENTAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**11 / 28 / 2025**

**Transaction ID : 9880440**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waller, Isabella, , ,**

Mailing Address 3586 Route 32

City  
Saugerties

State  
NY

Zip Code  
12477-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Institute for Family Health Mid Hudson

Occupation (for Individual)  
DENTAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

**12 / 30 / 2025**

**Transaction ID : 9873960**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2797 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waller, Isabella, , ,**

Mailing Address 3586 Route 32

City  
SaugertiesState  
NYZip Code  
12477-4084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Institute for Family Health Mid HudsonOccupation (for Individual)  
DENTAL OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : 9880438

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walters, Diane, , ,**

Mailing Address 25957 148th Rd

City  
RosedaleState  
NYZip Code  
11422-2903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
ASSISTANT HEAD NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879552

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walters, Diane, , ,**

Mailing Address 25957 148th Rd

City  
RosedaleState  
NYZip Code  
11422-2903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
ASSISTANT HEAD NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9879553

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2798 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walters, Diane, , ,**

Mailing Address 25957 148th Rd

City  
RosedaleState  
NYZip Code  
11422-2903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
ASSISTANT HEAD NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walters, Diane, , ,**

Mailing Address 25957 148th Rd

City  
RosedaleState  
NYZip Code  
11422-2903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brookdale-Samuel & Bertha Schulman InsOccupation (for Individual)  
ASSISTANT HEAD NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879551

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ward, Natalie, , ,**Mailing Address 706 Riverside Dr  
Apt 5ECity  
New YorkState  
NYZip Code  
10031-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Clinical Crd/Scheduler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9881432

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2799 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ward, Natalie, , ,**Mailing Address 706 Riverside Dr  
Apt 5ECity  
New YorkState  
NYZip Code  
10031-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Clinical Crd/Scheduler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9874273

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ward, Natalie, , ,**Mailing Address 706 Riverside Dr  
Apt 5ECity  
New YorkState  
NYZip Code  
10031-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Clinical Crd/Scheduler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881430

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ward, Natalie, , ,**Mailing Address 706 Riverside Dr  
Apt 5ECity  
New YorkState  
NYZip Code  
10031-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Clinical Crd/Scheduler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874274

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2800 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ward, Natalie, , ,**Mailing Address 706 Riverside Dr  
Apt 5ECity  
New YorkState  
NYZip Code  
10031-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAGNY - Correctional Health Svcs.Occupation (for Individual)  
Clinical Crd/Scheduler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881431

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ward, Robert, , ,**Mailing Address 50 E 8th St  
# 1City  
BrooklynState  
NYZip Code  
11218-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882579

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ward, Robert, , ,**Mailing Address 50 E 8th St  
# 1City  
BrooklynState  
NYZip Code  
11218-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882580

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2801 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ward, Robert, , ,**Mailing Address 50 E 8th St  
# 1City  
BrooklynState  
NYZip Code  
11218-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875446

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ward, Robert, , ,**Mailing Address 50 E 8th St  
# 1City  
BrooklynState  
NYZip Code  
11218-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882577

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ward, Robert, , ,**Mailing Address 50 E 8th St  
# 1City  
BrooklynState  
NYZip Code  
11218-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875447

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2802 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ward, Robert, , ,**Mailing Address 50 E 8th St  
# 1City  
BrooklynState  
NYZip Code  
11218-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882578

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Carol, , ,**Mailing Address 6 Manitou St  
NullCity  
RochesterState  
NYZip Code  
14621-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Wkr, Wk Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873390

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Carol, , ,**Mailing Address 6 Manitou St  
NullCity  
RochesterState  
NYZip Code  
14621-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Wkr, Wk Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881813

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2803 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Carol, , ,**Mailing Address 6 Manitou St  
NullCity  
RochesterState  
NYZip Code  
14621-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Wkr, Wk Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9873391

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Carol, , ,**Mailing Address 6 Manitou St  
NullCity  
RochesterState  
NYZip Code  
14621-5609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Environmental Svcs Wkr, Wk Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881814

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Jacqueline, , ,**Mailing Address 109 E Amherst St  
Apt 21DCity  
BuffaloState  
NYZip Code  
14214-1846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware ParkOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9873310

Amount of Each Receipt this Period

16.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

56.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2804 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Jacqueline, , ,**Mailing Address 109 E Amherst St  
Apt 21DCity  
BuffaloState  
NYZip Code  
14214-1846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware ParkOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873543

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Jacqueline, , ,**Mailing Address 109 E Amherst St  
Apt 21DCity  
BuffaloState  
NYZip Code  
14214-1846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware ParkOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873311

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Jacqueline, , ,**Mailing Address 109 E Amherst St  
Apt 21DCity  
BuffaloState  
NYZip Code  
14214-1846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware ParkOccupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2025

Transaction ID : 9873309

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2805 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Jacqueline, , ,**

Mailing Address 109 E Amherst St  
Apt 21D

City  
Buffalo

State  
NY

Zip Code  
14214-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware Park

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

11 / 13 / 2025

Transaction ID : 9873312

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Jacqueline, , ,**

Mailing Address 109 E Amherst St  
Apt 21D

City  
Buffalo

State  
NY

Zip Code  
14214-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware Park

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

11 / 28 / 2025

Transaction ID : 9873544

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Jacqueline, , ,**

Mailing Address 109 E Amherst St  
Apt 21D

City  
Buffalo

State  
NY

Zip Code  
14214-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at Delaware Park

Occupation (for Individual)  
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

12 / 09 / 2025

Transaction ID : 9873313

Amount of Each Receipt this Period

4.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2806 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Rachel, , ,**

Mailing Address 271 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 9879091

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Rachel, , ,**

Mailing Address 271 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : 9879092

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Rachel, , ,**

Mailing Address 271 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875196

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2807 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Rachel, , ,**

Mailing Address 271 Bainbridge St

City  
BrooklynState  
NYZip Code  
11233-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Services For The UnderservedOccupation (for Individual)  
Direct Support Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9879090

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9877674

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9877673

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2808 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9877675

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9877676

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2025

Transaction ID : 9877677

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2809 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9873601

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Washington, Tammy, , ,**Mailing Address 2777 Bainbridge Ave  
NullCity  
BronxState  
NYZip Code  
10458-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Cerebral Palsy Association of NOccupation (for Individual)  
Habilitation Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9877672

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waterman, Gloria, , ,**Mailing Address 57 Rockaway Pkwy  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-3755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2025

Transaction ID : 9878846

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2810 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waterman, Gloria, , ,**Mailing Address 57 Rockaway Pkwy  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-3755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9878847

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waterman, Gloria, , ,**Mailing Address 57 Rockaway Pkwy  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-3755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : 9878848

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waterman, Gloria, , ,**Mailing Address 57 Rockaway Pkwy  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-3755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9876749

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2811 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waterman, Gloria, , ,**Mailing Address 57 Rockaway Pkwy  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-3755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haym SalomonOccupation (for Individual)  
Dietary Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2025

Transaction ID : 9878845

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Way, Deonna, , ,**

Mailing Address 5336 Carriage Ct

City  
BaltimoreState  
MDZip Code  
21229-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Levindale Hebrew Geriatric CenterOccupation (for Individual)  
Geriatric Nursing Asst-Union-Lev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881993

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Way, Deonna, , ,**

Mailing Address 5336 Carriage Ct

City  
BaltimoreState  
MDZip Code  
21229-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Levindale Hebrew Geriatric CenterOccupation (for Individual)  
Geriatric Nursing Asst-Union-Lev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881994

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2812 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Way, Deonna, , ,**

Mailing Address 5336 Carriage Ct

City  
BaltimoreState  
MDZip Code  
21229-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Levindale Hebrew Geriatric CenterOccupation (for Individual)  
Geriatric Nursing Asst-Union-Lev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9881995

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Way, Deonna, , ,**

Mailing Address 5336 Carriage Ct

City  
BaltimoreState  
MDZip Code  
21229-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Levindale Hebrew Geriatric CenterOccupation (for Individual)  
Geriatric Nursing Asst-Union-Lev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9881997

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Way, Deonna, , ,**

Mailing Address 5336 Carriage Ct

City  
BaltimoreState  
MDZip Code  
21229-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Levindale Hebrew Geriatric CenterOccupation (for Individual)  
Geriatric Nursing Asst-Union-Lev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9874363

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2813 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Way, Deonna, , ,**

Mailing Address 5336 Carriage Ct

City  
BaltimoreState  
MDZip Code  
21229-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Levindale Hebrew Geriatric CenterOccupation (for Individual)  
Geriatric Nursing Asst-Union-Lev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881992

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Webb-Wilson, Shelly, , ,**Mailing Address 2147 Honeywell Ave  
Apt 6ACity  
BronxState  
NYZip Code  
10460-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881210

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Webb-Wilson, Shelly, , ,**Mailing Address 2147 Honeywell Ave  
Apt 6ACity  
BronxState  
NYZip Code  
10460-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881211

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2814 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Webb-Wilson, Shelly, , ,**Mailing Address 2147 Honeywell Ave  
Apt 6ACity  
BronxState  
NYZip Code  
10460-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9881212

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Webb-Wilson, Shelly, , ,**Mailing Address 2147 Honeywell Ave  
Apt 6ACity  
BronxState  
NYZip Code  
10460-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876263

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Webb-Wilson, Shelly, , ,**Mailing Address 2147 Honeywell Ave  
Apt 6ACity  
BronxState  
NYZip Code  
10460-1806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
NURSING ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9881209

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2815 OF 2967  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Webster, Latoya, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9875383</b> |                                    |
| Mailing Address 14 Grant St<br>Apt 2                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Poughkeepsie                                                                                                            | State<br>NY | Zip Code<br>12601-2612                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>MidHudson Regional Hospital                                                                |             | Occupation (for Individual)<br>Registration representative                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Webster, Latoya, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9880564</b> |                                    |
| Mailing Address 14 Grant St<br>Apt 2                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Poughkeepsie                                                                                                            | State<br>NY | Zip Code<br>12601-2612                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>MidHudson Regional Hospital                                                                |             | Occupation (for Individual)<br>Registration representative                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Webster, Latoya, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9875384</b> |                                    |
| Mailing Address 14 Grant St<br>Apt 2                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Poughkeepsie                                                                                                            | State<br>NY | Zip Code<br>12601-2612                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>MidHudson Regional Hospital                                                                |             | Occupation (for Individual)<br>Registration representative                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 60.00                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2816 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Webster, Latoya, , ,</b>               |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 09 / 2025<br><b>Transaction ID : 9880565</b> |                                    |
| Mailing Address 14 Grant St<br>Apt 2                                                                                            |             | Amount of Each Receipt this Period<br>20.00                                                         |                                    |
| City<br>Poughkeepsie                                                                                                            | State<br>NY | Zip Code<br>12601-2612                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>MidHudson Regional Hospital                                                                |             | Occupation (for Individual)<br>Registration representative                                          |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>210.00                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Weiss, Tyler, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>08 / 05 / 2025<br><b>Transaction ID : 9880421</b> |                                    |
| Mailing Address 194 Hurley Ave                                                                                                  |             | Amount of Each Receipt this Period<br>9.24                                                          |                                    |
| City<br>Kingston                                                                                                                | State<br>NY | Zip Code<br>12401-2420                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Health Alliance of The Hudson Valley,                                                      |             | Occupation (for Individual)<br>CLINICAL TECHNICIAN                                                  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>249.48                                                                  |                                    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Weiss, Tyler, , ,</b>                  |             | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2025<br><b>Transaction ID : 9873771</b> |                                    |
| Mailing Address 194 Hurley Ave                                                                                                  |             | Amount of Each Receipt this Period<br>9.24                                                          |                                    |
| City<br>Kingston                                                                                                                | State<br>NY | Zip Code<br>12401-2420                                                                              | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                                                     |                                    |
| Name of Employer (for Individual)<br>Health Alliance of The Hudson Valley,                                                      |             | Occupation (for Individual)<br>CLINICAL TECHNICIAN                                                  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>249.48                                                                  |                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             | 38.48                                                                                               |                                    |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                                                     |                                    |



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2817 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2025

**Transaction ID : 9880415**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9873772**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9880416**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2818 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

11 / 14 / 2025

**Transaction ID : 9873773**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

11 / 14 / 2025

**Transaction ID : 9880417**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9873774**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

27.72

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2819 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 01 / 2025

**Transaction ID : 9880418**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9873775**

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
Kingston

State  
NY

Zip Code  
12401-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,

Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.48

Date of Receipt

12 / 12 / 2025

**Transaction ID : 9880419**

Amount of Each Receipt this Period

9.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

27.72

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2820 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
KingstonState  
NYZip Code  
12401-2420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9873776

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weiss, Tyler, , ,**

Mailing Address 194 Hurley Ave

City  
KingstonState  
NYZip Code  
12401-2420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance of The Hudson Valley,Occupation (for Individual)  
CLINICAL TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9880420

Amount of Each Receipt this Period

9.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial HospitalOccupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9882730

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

28.48

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2821 OF 2967

(check only one)

|                                                |                              |                              |                             |
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| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.O. Fox Memorial Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : 9882731

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.O. Fox Memorial Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9882732

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.O. Fox Memorial Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9875527

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2822 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.O. Fox Memorial Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9882725

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.O. Fox Memorial Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9875528

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
OneontaState  
NYZip Code  
13820-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.O. Fox Memorial Hospital

Occupation (for Individual)

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9882726

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2823 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
Oneonta

State  
NY

Zip Code  
13820-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9875529**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
Oneonta

State  
NY

Zip Code  
13820-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

**Transaction ID : 9882727**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
Oneonta

State  
NY

Zip Code  
13820-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

**Transaction ID : 9875530**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2824 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
Oneonta

State  
NY

Zip Code  
13820-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 19 / 2025

Transaction ID : 9882728

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
Oneonta

State  
NY

Zip Code  
13820-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 30 / 2025

Transaction ID : 9875531

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weitzel, Michelle, , ,**

Mailing Address 12 Boylston St

City  
Oneonta

State  
NY

Zip Code  
13820-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.O. Fox Memorial Hospital

Occupation (for Individual)  
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 30 / 2025

Transaction ID : 9882729

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2825 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Welch, Catherine, , ,**

Mailing Address 101 S Main St

City  
DelevanState  
NYZip Code  
14042-9416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fiddlers GreenOccupation (for Individual)  
Nrs Cert-Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9880658

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Welch, Catherine, , ,**

Mailing Address 101 S Main St

City  
DelevanState  
NYZip Code  
14042-9416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fiddlers GreenOccupation (for Individual)  
Nrs Cert-Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9876673

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Welch, Catherine, , ,**

Mailing Address 101 S Main St

City  
DelevanState  
NYZip Code  
14042-9416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fiddlers GreenOccupation (for Individual)  
Nrs Cert-Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9876674

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2826 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Welch, Catherine, , ,**

Mailing Address 101 S Main St

City  
DelevanState  
NYZip Code  
14042-9416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fiddlers GreenOccupation (for Individual)  
Nrs Cert-Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9880656

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Welch, Catherine, , ,**

Mailing Address 101 S Main St

City  
DelevanState  
NYZip Code  
14042-9416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fiddlers GreenOccupation (for Individual)  
Nrs Cert-Aides

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9880657

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Welch, Violet, , ,**

Mailing Address 182 Cooper St

City  
BrooklynState  
NYZip Code  
11207-1572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882537

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2827 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Welch, Violet, , ,**

Mailing Address 182 Cooper St

City  
BrooklynState  
NYZip Code  
11207-1572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882538

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Welch, Violet, , ,**

Mailing Address 182 Cooper St

City  
BrooklynState  
NYZip Code  
11207-1572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875403

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Welch, Violet, , ,**

Mailing Address 182 Cooper St

City  
BrooklynState  
NYZip Code  
11207-1572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882535

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2828 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Welch, Violet, , ,**

Mailing Address 182 Cooper St

City  
BrooklynState  
NYZip Code  
11207-1572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875404

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Welch, Violet, , ,**

Mailing Address 182 Cooper St

City  
BrooklynState  
NYZip Code  
11207-1572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882536

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. West, Markeem, , ,**Mailing Address 1544 Boone Ave  
Apt 14BCity  
BronxState  
NYZip Code  
10460-5795FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Discharge Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2025

Transaction ID : 9877723

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2829 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. West, Markeem, , ,**

Mailing Address 1544 Boone Ave  
Apt 14B

City  
Bronx

State  
NY

Zip Code  
10460-5795

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Discharge Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 14 / 2025

Transaction ID : 9877724

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. West, Markeem, , ,**

Mailing Address 1544 Boone Ave  
Apt 14B

City  
Bronx

State  
NY

Zip Code  
10460-5795

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Discharge Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9877725

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. West, Markeem, , ,**

Mailing Address 1544 Boone Ave  
Apt 14B

City  
Bronx

State  
NY

Zip Code  
10460-5795

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-Westchester

Occupation (for Individual)  
Discharge Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 16 / 2025

Transaction ID : 9877726

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2830 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. West, Markeem, , ,**Mailing Address 1544 Boone Ave  
Apt 14BCity  
BronxState  
NYZip Code  
10460-5795FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Discharge Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9874312

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. West, Markeem, , ,**Mailing Address 1544 Boone Ave  
Apt 14BCity  
BronxState  
NYZip Code  
10460-5795FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Vincent's Hospital-WestchesterOccupation (for Individual)  
Discharge Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9877722

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wezik, Gianna, , ,**

Mailing Address 85 McGuinness Blvd

City  
BrooklynState  
NYZip Code  
11222-3301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878977

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2831 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wezik, Gianna, , ,**

Mailing Address 85 Mcguinness Blvd

City  
BrooklynState  
NYZip Code  
11222-3301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878978

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wezik, Gianna, , ,**

Mailing Address 85 Mcguinness Blvd

City  
BrooklynState  
NYZip Code  
11222-3301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878979

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wezik, Gianna, , ,**

Mailing Address 85 Mcguinness Blvd

City  
BrooklynState  
NYZip Code  
11222-3301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9878980

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2832 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wezik, Gianna, , ,**

Mailing Address 85 Mcguinness Blvd

City  
BrooklynState  
NYZip Code  
11222-3301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876629

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wezik, Gianna, , ,**

Mailing Address 85 Mcguinness Blvd

City  
BrooklynState  
NYZip Code  
11222-3301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai WestOccupation (for Individual)  
Paramedic - MSW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9878976

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wheeler, Alyssa, , ,**

Mailing Address 17533 A Booth Memorial Ave

City  
Fresh MeadowsState  
NYZip Code  
11365-1528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879283

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2833 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wheeler, Alyssa, , ,**

Mailing Address 17533 A Booth Memorial Ave

City

Fresh Meadows

State

NY

Zip Code

11365-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9879284

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wheeler, Alyssa, , ,**

Mailing Address 17533 A Booth Memorial Ave

City

Fresh Meadows

State

NY

Zip Code

11365-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9874321

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wheeler, Alyssa, , ,**

Mailing Address 17533 A Booth Memorial Ave

City

Fresh Meadows

State

NY

Zip Code

11365-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens (RN)

Occupation (for Individual)

REGISTER

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2025

Transaction ID : 9879281

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2834 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wheeler, Alyssa, , ,**

Mailing Address 17533 A Booth Memorial Ave

City  
Fresh Meadows

State  
NY

Zip Code  
11365-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9874322**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wheeler, Alyssa, , ,**

Mailing Address 17533 A Booth Memorial Ave

City  
Fresh Meadows

State  
NY

Zip Code  
11365-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Queens (RN)

Occupation (for Individual)  
REGISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2025

**Transaction ID : 9879282**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Angela, , ,**

Mailing Address 229 W 144th St  
Apt 35

City  
New York

State  
NY

Zip Code  
10030-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9877231**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2835 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Angela, , ,**

Mailing Address 2385 SE Brekenridge Cir

City

Port Saint Lucie

State

FL

Zip Code

34952-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9874728**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Angela, , ,**

Mailing Address 2385 SE Brekenridge Cir

City

Port Saint Lucie

State

FL

Zip Code

34952-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025

**Transaction ID : 9874730**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Angela, , ,**

Mailing Address 2385 SE Brekenridge Cir

City

Port Saint Lucie

State

FL

Zip Code

34952-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA Florida St. Lucie Hospital

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

**Transaction ID : 9874729**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2836 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Angela, , ,**Mailing Address 229 W 144th St  
Apt 35City  
New YorkState  
NYZip Code  
10030-1233FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877232

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Angela, , ,**Mailing Address 229 W 144th St  
Apt 35City  
New YorkState  
NYZip Code  
10030-1233FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877233

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Angela, , ,**Mailing Address 229 W 144th St  
Apt 35City  
New YorkState  
NYZip Code  
10030-1233FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877234

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2837 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Angela, , ,**Mailing Address 229 W 144th St  
Apt 35City  
New YorkState  
NYZip Code  
10030-1233FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876085

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Angela, , ,**Mailing Address 229 W 144th St  
Apt 35City  
New YorkState  
NYZip Code  
10030-1233FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877230

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Emmanuel, , ,**

Mailing Address 426 E Oakwood Pl

City  
BuffaloState  
NYZip Code  
14214-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880677

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2838 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Emmanuel, , ,**

Mailing Address 46 E Oakwood Pl

City  
Buffalo

State  
NY

Zip Code  
14214-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 13 / 2025

Transaction ID : 9880678

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Emmanuel, , ,**

Mailing Address 46 E Oakwood Pl

City  
Buffalo

State  
NY

Zip Code  
14214-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 22 / 2025

Transaction ID : 9880679

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Emmanuel, , ,**

Mailing Address 46 E Oakwood Pl

City  
Buffalo

State  
NY

Zip Code  
14214-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9880680

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2839 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Emmanuel, , ,**

Mailing Address 46 E Oakwood Pl

City  
BuffaloState  
NYZip Code  
14214-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876834

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Emmanuel, , ,**

Mailing Address 46 E Oakwood Pl

City  
BuffaloState  
NYZip Code  
14214-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880676

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whitehurst, Nannette, , ,**

Mailing Address 2026 Westchester Ave

Null

City  
BronxState  
NYZip Code  
10462-4558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Accounting Clerk-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877740

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2840 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whitehurst, Nannette, , ,**Mailing Address 2026 Westchester Ave  
NullCity  
BronxState  
NYZip Code  
10462-4558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Accounting Clerk-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877741

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whitehurst, Nannette, , ,**Mailing Address 2026 Westchester Ave  
NullCity  
BronxState  
NYZip Code  
10462-4558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Accounting Clerk-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877742

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whitehurst, Nannette, , ,**Mailing Address 2026 Westchester Ave  
NullCity  
BronxState  
NYZip Code  
10462-4558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Accounting Clerk-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877743

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2841 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whitehurst, Nannette, , ,**Mailing Address 2026 Westchester Ave  
NullCity  
BronxState  
NYZip Code  
10462-4558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Accounting Clerk-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876082

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whitehurst, Nannette, , ,**Mailing Address 2026 Westchester Ave  
NullCity  
BronxState  
NYZip Code  
10462-4558FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Accounting Clerk-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whitter, Marcus, , ,**

Mailing Address 1057 Burke Ave

City  
BronxState  
NYZip Code  
10469-3820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9874862

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2842 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whitter, Marcus, , ,**

Mailing Address 1057 Burke Ave

City  
BronxState  
NYZip Code  
10469-3820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beth Abraham Centers for CareOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9874863

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wiggins, Faith, , ,**Mailing Address 13 E 131st St  
Apt 3BCity  
New YorkState  
NYZip Code  
10037-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877275

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wiggins, Faith, , ,**Mailing Address 13 E 131st St  
Apt 3BCity  
New YorkState  
NYZip Code  
10037-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9877276

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2843 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wiggins, Faith, , ,**Mailing Address 13 E 131st St  
Apt 3BCity  
New YorkState  
NYZip Code  
10037-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : 9877277

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wiggins, Faith, , ,**Mailing Address 13 E 131st St  
Apt 3BCity  
New YorkState  
NYZip Code  
10037-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874248

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wiggins, Faith, , ,**Mailing Address 13 E 131st St  
Apt 3BCity  
New YorkState  
NYZip Code  
10037-3447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-UpgradingOccupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877273

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2844 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wiggins, Faith, , ,**

Mailing Address 13 E 131st St  
Apt 3B

City  
New York

State  
NY

Zip Code  
10037-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-Upgrading

Occupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9874249**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wiggins, Faith, , ,**

Mailing Address 13 E 131st St  
Apt 3B

City  
New York

State  
NY

Zip Code  
10037-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital League Training-Upgrading

Occupation (for Individual)  
TEF - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

**Transaction ID : 9877274**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten Island

State  
NY

Zip Code  
10314-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

**Transaction ID : 9877493**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2845 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten Island

State  
NY

Zip Code  
10314-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

**Transaction ID : 9877494**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten Island

State  
NY

Zip Code  
10314-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

**Transaction ID : 9877495**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten Island

State  
NY

Zip Code  
10314-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical Center

Occupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

**Transaction ID : 9874267**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2846 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |  |                                                  |                                                                                                     |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Willard, Kieran, , ,</b>               |  |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9874268</b> |  |                     |
| Mailing Address 47 Berglund Ave                                                                                                 |  |                                                  | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| City Staten Island                                                                                                              |  | State NY                                         |                                                                                                     |  | Zip Code 10314-3227 |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Richmond University Medical Center                                                         |  | Occupation (for Individual)<br>Nursing Assistant |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Willard, Kieran, , ,</b>               |  |                                                  |                                                                                                     |  |                     |
| Mailing Address 47 Berglund Ave                                                                                                 |  |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9877497</b> |  |                     |
| City Staten Island                                                                                                              |  | State NY                                         | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Richmond University Medical Center                                                         |  | Occupation (for Individual)<br>Nursing Assistant |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                     |  |                     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Willard, Kieran, , ,</b>               |  |                                                  |                                                                                                     |  |                     |
| Mailing Address 47 Berglund Ave                                                                                                 |  |                                                  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2025<br><b>Transaction ID : 9877498</b> |  |                     |
| City Staten Island                                                                                                              |  | State NY                                         | Amount of Each Receipt this Period<br>10.00<br><input type="checkbox"/> Memo Item                   |  |                     |
| FEC ID number of contributing federal political committee. C                                                                    |  |                                                  |                                                                                                     |  |                     |
| Name of Employer (for Individual)<br>Richmond University Medical Center                                                         |  | Occupation (for Individual)<br>Nursing Assistant |                                                                                                     |  |                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | Aggregate Year-to-Date ▼<br>230.00               |                                                                                                     |  |                     |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |  |                                                  | 30.00                                                                                               |  |                     |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |  |                                                  |                                                                                                     |  |                     |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2847 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten IslandState  
NYZip Code  
10314-3227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9877496

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten IslandState  
NYZip Code  
10314-3227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874269

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Willard, Kieran, , ,**

Mailing Address 47 Berglund Ave

City  
Staten IslandState  
NYZip Code  
10314-3227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical CenterOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877499

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2848 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Carlina, , ,**Mailing Address 9907 Glenwood Rd  
FI 2City  
BrooklynState  
NYZip Code  
11236-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9879206

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Carlina, , ,**Mailing Address 9907 Glenwood Rd  
FI 2City  
BrooklynState  
NYZip Code  
11236-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

Transaction ID : 9879207

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Carlina, , ,**Mailing Address 9907 Glenwood Rd  
FI 2City  
BrooklynState  
NYZip Code  
11236-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9873473

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2849 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Carlina, , ,**Mailing Address 9907 Glenwood Rd  
FI 2City  
BrooklynState  
NYZip Code  
11236-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879204

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Carlina, , ,**Mailing Address 9907 Glenwood Rd  
FI 2City  
BrooklynState  
NYZip Code  
11236-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9873474

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Carlina, , ,**Mailing Address 9907 Glenwood Rd  
FI 2City  
BrooklynState  
NYZip Code  
11236-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Presbyterian-Brooklyn MethodiOccupation (for Individual)  
Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9879205

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2850 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Charmaine, , ,**

Mailing Address 130 -44 233 St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9874250

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Charmaine, , ,**

Mailing Address 130 -44 233 St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9879583

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Charmaine, , ,**

Mailing Address 130 -44 233 St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9874251

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2851 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Charmaine, , ,**

Mailing Address 130 -44 233 St

City  
RosedaleState  
NYZip Code  
11422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care FacilityOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9879584

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
HollywoodState  
FLZip Code  
33020-3018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874576

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
HollywoodState  
FLZip Code  
33020-3018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874577

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2852 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
HollywoodState  
FLZip Code  
33020-3018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874578

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
HollywoodState  
FLZip Code  
33020-3018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874579

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
HollywoodState  
FLZip Code  
33020-3018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University HospitalOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874581

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2853 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
Hollywood

State  
FL

Zip Code  
33020-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

**Transaction ID : 9874580**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
Hollywood

State  
FL

Zip Code  
33020-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

**Transaction ID : 9874582**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Dayana, , ,**

Mailing Address 2442 Mckinley St

City  
Hollywood

State  
FL

Zip Code  
33020-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida University Hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2025

**Transaction ID : 9874583**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2854 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Delroy, , ,**

Mailing Address 18 Scott Dr

Null

City

Middletown

State

NY

Zip Code

10941-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Briarcliff Manor Center

Occupation (for Individual)

DIETARY AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

**Transaction ID : 9882876**

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Delroy, , ,**

Mailing Address 18 Scott Dr

Null

City

Middletown

State

NY

Zip Code

10941-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Briarcliff Manor Center

Occupation (for Individual)

DIETARY AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

**Transaction ID : 9878480**

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Delroy, , ,**

Mailing Address 18 Scott Dr

Null

City

Middletown

State

NY

Zip Code

10941-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Briarcliff Manor Center

Occupation (for Individual)

DIETARY AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2025

**Transaction ID : 9882877**

Amount of Each Receipt this Period

10.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2855 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Delroy, , ,**Mailing Address 18 Scott Dr  
NullCity  
MiddletownState  
NYZip Code  
10941-1126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9878482

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Delroy, , ,**Mailing Address 18 Scott Dr  
NullCity  
MiddletownState  
NYZip Code  
10941-1126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9878483

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Delroy, , ,**Mailing Address 18 Scott Dr  
NullCity  
MiddletownState  
NYZip Code  
10941-1126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9878484

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2856 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Delroy, , ,**

Mailing Address 18 Scott Dr  
Null

City  
Middletown

State  
NY

Zip Code  
10941-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor Center

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2025

**Transaction ID : 9873243**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Delroy, , ,**

Mailing Address 18 Scott Dr  
Null

City  
Middletown

State  
NY

Zip Code  
10941-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor Center

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2025

**Transaction ID : 9882874**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Delroy, , ,**

Mailing Address 18 Scott Dr  
Null

City  
Middletown

State  
NY

Zip Code  
10941-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor Center

Occupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 10 / 2025

**Transaction ID : 9873244**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2857 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Delroy, , ,**Mailing Address 18 Scott Dr  
NullCity  
MiddletownState  
NYZip Code  
10941-1126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Briarcliff Manor CenterOccupation (for Individual)  
DIETARY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

Transaction ID : 9882875

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025

Transaction ID : 9877607

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : 9877608

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2858 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877609

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9876054

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877627

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2859 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9877610

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9877611

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9876055

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2860 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9877628

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876056

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877629

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2861 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Eloise, , ,**Mailing Address 1561 Sheridan Ave  
Apt 21ACity  
BronxState  
NYZip Code  
10457-8575FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Medical Clinical Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : 9877612

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Frances, , ,**

Mailing Address 10 Mountainville Rd

City  
DanburyState  
CTZip Code  
06810-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025

Transaction ID : 9882451

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Frances, , ,**

Mailing Address 10 Mountainville Rd

City  
DanburyState  
CTZip Code  
06810-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9882452

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2862 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Frances, , ,**

Mailing Address 10 Mountainville Rd

City  
DanburyState  
CTZip Code  
06810-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875346

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Frances, , ,**

Mailing Address 10 Mountainville Rd

City  
DanburyState  
CTZip Code  
06810-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882449

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Frances, , ,**

Mailing Address 10 Mountainville Rd

City  
DanburyState  
CTZip Code  
06810-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875347

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2863 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Frances, , ,**

Mailing Address 10 Mountainville Rd

City  
DanburyState  
CTZip Code  
06810-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882450

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Jeanne, , ,**

Mailing Address 2955 Etowah Park Blvd

City  
TavaresState  
FLZip Code  
32778-2002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Remote Patient Attendant (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875214

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Jeanne, , ,**

Mailing Address 2955 Etowah Park Blvd

City  
TavaresState  
FLZip Code  
32778-2002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Remote Patient Attendant (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9875215

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2864 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Jeanne, , ,**

Mailing Address 2955 Etowah Park Blvd

City  
Tavares

State  
FL

Zip Code  
32778-2002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Remote Patient Attendant (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

**12 / 01 / 2025**

**Transaction ID : 9875213**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Jeanne, , ,**

Mailing Address 2955 Etowah Park Blvd

City  
Tavares

State  
FL

Zip Code  
32778-2002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
University of Miami Hospital

Occupation (for Individual)  
Remote Patient Attendant (U)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

**12 / 01 / 2025**

**Transaction ID : 9875216**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Jenese, , ,**

Mailing Address 320 Vanderbilt Ave  
Apt 3W

City  
Staten Island

State  
NY

Zip Code  
10304-3566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Carmel Richmond Healthcare & Rehabilit

Occupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**07 / 02 / 2025**

**Transaction ID : 9881378**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2865 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Jenese, , ,**Mailing Address 320 Vanderbilt Ave  
Apt 3WCity  
Staten IslandState  
NYZip Code  
10304-3566FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & RehabilitOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9881379

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Jenese, , ,**Mailing Address 320 Vanderbilt Ave  
Apt 3WCity  
Staten IslandState  
NYZip Code  
10304-3566FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & RehabilitOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : 9881380

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Jenese, , ,**Mailing Address 320 Vanderbilt Ave  
Apt 3WCity  
Staten IslandState  
NYZip Code  
10304-3566FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & RehabilitOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9881382

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2866 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Jenese, , ,**Mailing Address 320 Vanderbilt Ave  
Apt 3WCity  
Staten IslandState  
NYZip Code  
10304-3566FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & RehabilitOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873369

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Jenese, , ,**Mailing Address 320 Vanderbilt Ave  
Apt 3WCity  
Staten IslandState  
NYZip Code  
10304-3566FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carmel Richmond Healthcare & RehabilitOccupation (for Individual)  
Certified Nurses' Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881377

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Joyce, , ,**

Mailing Address 6630 Tonetta Way

City  
New Port RicheyState  
FLZip Code  
34653-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9875574

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2867 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Joyce, , ,**

Mailing Address 6630 Tonetta Way

City  
New Port RicheyState  
FLZip Code  
34653-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9875576

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Joyce, , ,**

Mailing Address 6630 Tonetta Way

City  
New Port RicheyState  
FLZip Code  
34653-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9875573

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Joyce, , ,**

Mailing Address 6630 Tonetta Way

City  
New Port RicheyState  
FLZip Code  
34653-3124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Largo HospitalOccupation (for Individual)  
Patient Safety Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875575

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2868 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Lexyne, , ,**

Mailing Address 140 S Burnett St

City  
East OrangeState  
NJZip Code  
07018-3037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9881618

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Lexyne, , ,**

Mailing Address 140 S Burnett St

City  
East OrangeState  
NJZip Code  
07018-3037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9881619

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Lexyne, , ,**

Mailing Address 140 S Burnett St

City  
East OrangeState  
NJZip Code  
07018-3037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9876314

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2869 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Lexyne, , ,**

Mailing Address 140 S Burnett St

City  
East OrangeState  
NJZip Code  
07018-3037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9881616

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Lexyne, , ,**

Mailing Address 140 S Burnett St

City  
East OrangeState  
NJZip Code  
07018-3037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876315

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Lexyne, , ,**

Mailing Address 140 S Burnett St

City  
East OrangeState  
NJZip Code  
07018-3037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9881617

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2870 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Pamela, , ,**

Mailing Address 2217 Lamparilla Way S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alpine Health & Rehab Center

Occupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2025

**Transaction ID : 9882338**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Pamela, , ,**

Mailing Address 2217 Lamparilla Way S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alpine Health & Rehab Center

Occupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9875169**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Pamela, , ,**

Mailing Address 2217 Lamparilla Way S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alpine Health & Rehab Center

Occupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 12 / 2025

**Transaction ID : 9882335**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2871 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Pamela, , ,**

Mailing Address 2217 Lamparilla Way S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alpine Health & Rehab Center

Occupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9875170**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Pamela, , ,**

Mailing Address 2217 Lamparilla Way S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alpine Health & Rehab Center

Occupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9882336**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Pamela, , ,**

Mailing Address 2217 Lamparilla Way S

City  
Saint Petersburg

State  
FL

Zip Code  
33712-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alpine Health & Rehab Center

Occupation (for Individual)  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2025

**Transaction ID : 9882337**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2872 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Ralph, , ,**

Mailing Address 2884 Bruner Ave  
Apt 21

City  
Bronx

State  
NY

Zip Code  
10469-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
ATTENDANT-OPERATING ROOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 22 / 2025

Transaction ID : 9876205

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Ralph, , ,**

Mailing Address 2884 Bruner Ave  
Apt 21

City  
Bronx

State  
NY

Zip Code  
10469-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
ATTENDANT-OPERATING ROOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 22 / 2025

Transaction ID : 9881112

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Ralph, , ,**

Mailing Address 2884 Bruner Ave  
Apt 21

City  
Bronx

State  
NY

Zip Code  
10469-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Hospital

Occupation (for Individual)  
ATTENDANT-OPERATING ROOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 10 / 2025

Transaction ID : 9876206

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2873 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Ralph, , ,**Mailing Address 2884 Bruner Ave  
Apt 21City  
BronxState  
NYZip Code  
10469-3403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
ATTENDANT-OPERATING ROOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

Transaction ID : 9881113

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Ralph, , ,**Mailing Address 2884 Bruner Ave  
Apt 21City  
BronxState  
NYZip Code  
10469-3403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
ATTENDANT-OPERATING ROOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876207

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Ralph, , ,**Mailing Address 2884 Bruner Ave  
Apt 21City  
BronxState  
NYZip Code  
10469-3403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
ATTENDANT-OPERATING ROOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9876208

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2874 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Roslyn, , ,**Mailing Address 3751 Environ Blvd  
Apt 338City  
LauderhillState  
FLZip Code  
33319-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 9874838

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Roslyn, , ,**Mailing Address 3751 Environ Blvd  
Apt 338City  
LauderhillState  
FLZip Code  
33319-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9874840

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Roslyn, , ,**Mailing Address 3751 Environ Blvd  
Apt 338City  
LauderhillState  
FLZip Code  
33319-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2025

Transaction ID : 9874839

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2875 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Roslyn, , ,**Mailing Address 3751 Environ Blvd  
Apt 338City  
LauderhillState  
FLZip Code  
33319-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9874841

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Roslyn, , ,**Mailing Address 3751 Environ Blvd  
Apt 338City  
LauderhillState  
FLZip Code  
33319-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9874842

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Roslyn, , ,**Mailing Address 3751 Environ Blvd  
Apt 338City  
LauderhillState  
FLZip Code  
33319-4223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA Florida Westside HospitalOccupation (for Individual)  
Unit Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9874843

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2876 OF 2967  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                       |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Williams, Roslyn, , ,</b>              |             |                                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 07 / 2025<br><b>Transaction ID : 9874844</b> |  |
| Mailing Address 3751 Environ Blvd<br>Apt 338                                                                                    |             |                                                       | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Lauderhill                                                                                                              | State<br>FL | Zip Code<br>33319-4223                                | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                       |                                                                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida Westside Hospital                                                              |             | Occupation (for Individual)<br>Unit Secretary         |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>460.00                    |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Williams, Roslyn, , ,</b>              |             |                                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 21 / 2025<br><b>Transaction ID : 9874845</b> |  |
| Mailing Address 3751 Environ Blvd<br>Apt 338                                                                                    |             |                                                       | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Lauderhill                                                                                                              | State<br>FL | Zip Code<br>33319-4223                                | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                       |                                                                                                     |  |
| Name of Employer (for Individual)<br>HCA Florida Westside Hospital                                                              |             | Occupation (for Individual)<br>Unit Secretary         |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>460.00                    |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Williams, Tierra, , ,</b>              |             |                                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 11 / 2025<br><b>Transaction ID : 9881916</b> |  |
| Mailing Address 3750 Jamison St NE<br>Apt 324                                                                                   |             |                                                       | Amount of Each Receipt this Period<br>20.00                                                         |  |
| City<br>Washington                                                                                                              | State<br>DC | Zip Code<br>20018-4463                                | <input type="checkbox"/> Memo Item                                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                       |                                                                                                     |  |
| Name of Employer (for Individual)<br>Medstar Georgetown Medical Center                                                          |             | Occupation (for Individual)<br>Food Service Worker II |                                                                                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>220.00                    |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                       | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                       |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2877 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Tierra, , ,**Mailing Address 3750 Jamison St NE  
Apt 324City  
WashingtonState  
DCZip Code  
20018-4463FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9881917

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Tierra, , ,**Mailing Address 3750 Jamison St NE  
Apt 324City  
WashingtonState  
DCZip Code  
20018-4463FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2025

Transaction ID : 9881919

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Tierra, , ,**Mailing Address 3750 Jamison St NE  
Apt 324City  
WashingtonState  
DCZip Code  
20018-4463FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9874358

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2878 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Tierra, , ,**Mailing Address 3750 Jamison St NE  
Apt 324City  
WashingtonState  
DCZip Code  
20018-4463FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medstar Georgetown Medical CenterOccupation (for Individual)  
Food Service Worker II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9881915

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Wallace, , ,**

Mailing Address 10151 Circle Plz E

City  
MiamiState  
FLZip Code  
33157-5303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Public safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : 9882143

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Wallace, , ,**

Mailing Address 10151 Circle Plz E

City  
MiamiState  
FLZip Code  
33157-5303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Public safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9875074

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2879 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Wallace, , ,**

Mailing Address 10151 Circle Plz E

City  
MiamiState  
FLZip Code  
33157-5303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Public safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882141

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Wallace, , ,**

Mailing Address 10151 Circle Plz E

City  
MiamiState  
FLZip Code  
33157-5303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Miami HospitalOccupation (for Individual)  
Public safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2025

Transaction ID : 9882142

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams-Blain, June, , ,**

Mailing Address 1333 Watchung Ave

City  
PlainfieldState  
NJZip Code  
07060-3145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9875532

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2880 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams-Blain, June, , ,**

Mailing Address 1333 Watchung Ave

City  
PlainfieldState  
NJZip Code  
07060-3145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9875534

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams-Blain, June, , ,**

Mailing Address 1333 Watchung Ave

City  
PlainfieldState  
NJZip Code  
07060-3145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2025

Transaction ID : 9875533

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams-Blain, June, , ,**

Mailing Address 1333 Watchung Ave

City  
PlainfieldState  
NJZip Code  
07060-3145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9875535

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2881 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams-Blain, June, , ,**

Mailing Address 1333 Watchung Ave

City  
PlainfieldState  
NJZip Code  
07060-3145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875536

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williamson, Abbigail, , ,**Mailing Address 5615 Van Cleef St  
Apt 3ACity  
CoronaState  
NYZip Code  
11368-4025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Telephone Rep II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881369

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williamson, Abbigail, , ,**Mailing Address 5615 Van Cleef St  
Apt 3ACity  
CoronaState  
NYZip Code  
11368-4025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199Occupation (for Individual)  
NBF-Telephone Rep II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9881371

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2882 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williamson, Abbigail, , ,**

Mailing Address 5615 Van Cleef St  
Apt 3A

City  
Corona

State  
NY

Zip Code  
11368-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Telephone Rep II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9881370

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williamson, Abbigail, , ,**

Mailing Address 5615 Van Cleef St  
Apt 3A

City  
Corona

State  
NY

Zip Code  
11368-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Telephone Rep II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9875511

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williamson, Abbigail, , ,**

Mailing Address 5615 Van Cleef St  
Apt 3A

City  
Corona

State  
NY

Zip Code  
11368-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Benefit Fund-1199

Occupation (for Individual)  
NBF-Telephone Rep II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 04 / 2025

Transaction ID : 9881368

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2883 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878899

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : 9878900

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9878901

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2884 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2025

Transaction ID : 9878902

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9878903

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9874424

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2885 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willis, Doreen, , ,**Mailing Address 1482 Lincoln Pl  
Apt 8City  
BrooklynState  
NYZip Code  
11213-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Rehabilitation & HCCOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2025

Transaction ID : 9878898

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson Taylor, Daisy, , ,**Mailing Address 9036 144th Pl  
Bsmt 4City  
JamaicaState  
NYZip Code  
11435-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9875484

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson Taylor, Daisy, , ,**Mailing Address 9036 144th Pl  
Bsmt 4City  
JamaicaState  
NYZip Code  
11435-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9882691

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2886 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson Taylor, Daisy, , ,**Mailing Address 9036 144th Pl  
Bsmt 4City  
JamaicaState  
NYZip Code  
11435-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9875485

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson Taylor, Daisy, , ,**Mailing Address 9036 144th Pl  
Bsmt 4City  
JamaicaState  
NYZip Code  
11435-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : 9882692

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson Taylor, Daisy, , ,**Mailing Address 9036 144th Pl  
Bsmt 4City  
JamaicaState  
NYZip Code  
11435-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9875486

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2887 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson Taylor, Daisy, , ,**Mailing Address 9036 144th Pl  
Bsmt 4City  
JamaicaState  
NYZip Code  
11435-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9882693

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City

Saint Albans

State

NY

Zip Code

11412-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9879449

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City

Saint Albans

State

NY

Zip Code

11412-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879422

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2888 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-1042FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9879450

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-1042FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879423

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-1042FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2025

Transaction ID : 9879424

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2889 OF 2967  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-1042FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 06    |   | 2025        |

**Transaction ID : 9879425**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-1042FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 17    |   | 2025        |

**Transaction ID : 9875977**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint AlbansState  
NYZip Code  
11412-1042FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
North Shore-PlainviewOccupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 17    |   | 2025        |

**Transaction ID : 9879447**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2890 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint Albans

State  
NY

Zip Code  
11412-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-Plainview

Occupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 10 / 2025

Transaction ID : 9879426

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint Albans

State  
NY

Zip Code  
11412-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-Plainview

Occupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9875978

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Howard, , ,**

Mailing Address 10507 Farmers Blvd

City  
Saint Albans

State  
NY

Zip Code  
11412-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Shore-Plainview

Occupation (for Individual)  
Environmental Svcs Aide (PV)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 15 / 2025

Transaction ID : 9879448

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2891 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

07 / 02 / 2025

Transaction ID : 9881772

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

07 / 15 / 2025

Transaction ID : 9873191

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

07 / 15 / 2025

Transaction ID : 9881771

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2892 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

07 / 15 / 2025

**Transaction ID : 9881773**

Amount of Each Receipt this Period

4.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

08 / 14 / 2025

**Transaction ID : 9873192**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Licsensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

08 / 20 / 2025

**Transaction ID : 9881774**

Amount of Each Receipt this Period

4.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2893 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

09 / 17 / 2025

Transaction ID : 9881775

Amount of Each Receipt this Period

4.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

10 / 15 / 2025

Transaction ID : 9881776

Amount of Each Receipt this Period

4.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

12 / 03 / 2025

Transaction ID : 9881777

Amount of Each Receipt this Period

4.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2894 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : 9873194**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : 9881778**

Amount of Each Receipt this Period

4.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Jacquelyn, , ,**

Mailing Address 10 N French Rd

City  
Amherst

State  
NY

Zip Code  
14228-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CRNC Williamsville

Occupation (for Individual)  
Liscensed Practical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2025

**Transaction ID : 9873193**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2895 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025

Transaction ID : 9879362

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2025

Transaction ID : 9879363

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879364

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2896 OF 2967  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria Heights

State  
NY

Zip Code  
11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton Commons

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2025

**Transaction ID : 9876681**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria Heights

State  
NY

Zip Code  
11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton Commons

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2025

**Transaction ID : 9879372**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria Heights

State  
NY

Zip Code  
11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton Commons

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2025

**Transaction ID : 9879365**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2897 OF 2967

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : 9879366

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9876682

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria HeightsState  
NYZip Code  
11411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton CommonsOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9879373

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2898 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria Heights

State  
NY

Zip Code  
11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton Commons

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9876683**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria Heights

State  
NY

Zip Code  
11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton Commons

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9879367**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Quiana, , ,**

Mailing Address 116 -66 231 St

City  
Cambria Heights

State  
NY

Zip Code  
11411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fulton Commons

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : 9879374**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2899 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Ray, , ,**Mailing Address 2851 Sedgwick Ave  
Apt 4ECity  
BronxState  
NYZip Code  
10468-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880803

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Ray, , ,**Mailing Address 2851 Sedgwick Ave  
Apt 4ECity  
BronxState  
NYZip Code  
10468-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880804

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Ray, , ,**Mailing Address 2851 Sedgwick Ave  
Apt 4ECity  
BronxState  
NYZip Code  
10468-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880805

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2900 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Ray, , ,**Mailing Address 2851 Sedgwick Ave  
Apt 4ECity  
BronxState  
NYZip Code  
10468-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880806

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Ray, , ,**Mailing Address 2851 Sedgwick Ave  
Apt 4ECity  
BronxState  
NYZip Code  
10468-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9876768

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Ray, , ,**Mailing Address 2851 Sedgwick Ave  
Apt 4ECity  
BronxState  
NYZip Code  
10468-2022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

Transaction ID : 9880802

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2901 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Savanna, , ,**

Mailing Address 1537 Research Ave

City  
Bronx

State  
NY

Zip Code  
10465-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Elizabeth Seton Pediatric Center

Occupation (for Individual)  
Registered Nurse Night

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9873209**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Savanna, , ,**

Mailing Address 1537 Research Ave

City  
Bronx

State  
NY

Zip Code  
10465-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Elizabeth Seton Pediatric Center

Occupation (for Individual)  
Registered Nurse Night

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 17 / 2025

**Transaction ID : 9882873**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Savanna, , ,**

Mailing Address 1537 Research Ave

City  
Bronx

State  
NY

Zip Code  
10465-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Elizabeth Seton Pediatric Center

Occupation (for Individual)  
Registered Nurse Night

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9873210**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2902 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Savanna, , ,**

Mailing Address 1537 Research Ave

City  
BronxState  
NYZip Code  
10465-1113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Elizabeth Seton Pediatric CenterOccupation (for Individual)  
Registered Nurse Night

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9873211

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Savanna, , ,**

Mailing Address 1537 Research Ave

City  
BronxState  
NYZip Code  
10465-1113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Elizabeth Seton Pediatric CenterOccupation (for Individual)  
Registered Nurse Night

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : 9873212

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Winston, Darrell, , ,**

Mailing Address 561 Lafayette Ave

Null

City  
BrooklynState  
NYZip Code  
11205-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9878722

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2903 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Winston, Darrell, , ,**Mailing Address 561 Lafayette Ave  
NullCity  
BrooklynState  
NYZip Code  
11205-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878723

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winston, Darrell, , ,**Mailing Address 561 Lafayette Ave  
NullCity  
BrooklynState  
NYZip Code  
11205-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9878724

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Winston, Darrell, , ,**Mailing Address 561 Lafayette Ave  
NullCity  
BrooklynState  
NYZip Code  
11205-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9878725

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2904 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winston, Darrell, , ,

Mailing Address 561 Lafayette Ave  
NullCity  
BrooklynState  
NYZip Code  
11205-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 04    | / | 2025        |

Transaction ID : 9876123

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Winston, Darrell, , ,

Mailing Address 561 Lafayette Ave  
NullCity  
BrooklynState  
NYZip Code  
11205-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Nursing Auxillary A-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 04    | / | 2025        |

Transaction ID : 9878721

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wolff, Cynthia, , ,

Mailing Address 318 Northern Blvd  
Apt 1ACity  
AlbanyState  
NYZip Code  
12204-1023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 18    | / | 2025        |

Transaction ID : 9880995

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2905 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wolff, Cynthia, , ,**Mailing Address 318 Northern Blvd  
Apt 1ACity  
AlbanyState  
NYZip Code  
12204-1023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880996

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wolff, Cynthia, , ,**Mailing Address 318 Northern Blvd  
Apt 1ACity  
AlbanyState  
NYZip Code  
12204-1023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880997

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wolff, Cynthia, , ,**Mailing Address 318 Northern Blvd  
Apt 1ACity  
AlbanyState  
NYZip Code  
12204-1023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
Contract Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9880998

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2906 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wolff, Cynthia, , ,**

Mailing Address 318 Northern Blvd  
Apt 1A

City  
Albany

State  
NY

Zip Code  
12204-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Contract Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876770**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wolff, Cynthia, , ,**

Mailing Address 318 Northern Blvd  
Apt 1A

City  
Albany

State  
NY

Zip Code  
12204-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
Contract Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9880994**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wong, Charleston, , ,**

Mailing Address 953 N 3rd St  
Null

City  
New Hyde Park

State  
NY

Zip Code  
11040-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Brooklyn (RN)

Occupation (for Individual)  
Registered Nurse-BKL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

**Transaction ID : 9878619**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2907 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wong, Charleston, , ,**

Mailing Address 953 N 3rd St

Null

City

New Hyde Park

State

NY

Zip Code

11040-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Brooklyn (RN)

Occupation (for Individual)

Registered Nurse-BKL

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9878620

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wong, Charleston, , ,**

Mailing Address 953 N 3rd St

Null

City

New Hyde Park

State

NY

Zip Code

11040-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Brooklyn (RN)

Occupation (for Individual)

Registered Nurse-BKL

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9875740

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wong, Charleston, , ,**

Mailing Address 953 N 3rd St

Null

City

New Hyde Park

State

NY

Zip Code

11040-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Brooklyn (RN)

Occupation (for Individual)

Registered Nurse-BKL

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9878617

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2908 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wong, Charleston, , ,**

Mailing Address 953 N 3rd St

Null

City

New Hyde Park

State

NY

Zip Code

11040-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Brooklyn (RN)

Occupation (for Individual)

Registered Nurse-BKL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9875741**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wong, Charleston, , ,**

Mailing Address 953 N 3rd St

Null

City

New Hyde Park

State

NY

Zip Code

11040-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Brooklyn (RN)

Occupation (for Individual)

Registered Nurse-BKL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

**Transaction ID : 9878618**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wong, Kristie, , ,**

Mailing Address 498 SEVENTH Ave

City

New York

State

NY

Zip Code

10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Staten Island University Hospital-Nort

Occupation (for Individual)

CT Technologist

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

**Transaction ID : 9882871**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2909 OF 2967  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wong, Kristie, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9882872

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wong, Kristie, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9873661

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wong, Kristie, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9882869

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2910 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wong, Kristie, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9873662

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wong, Kristie, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Staten Island University Hospital-NortOccupation (for Individual)  
CT Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9882870

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Woodburn, Barrington, , ,**Mailing Address 3438 Fenton Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10469-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
HOUSEKEEPING WORKERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2025

Transaction ID : 9877958

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2911 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woodburn, Barrington, , ,**Mailing Address 3438 Fenton Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10469-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
HOUSEKEEPING WORKERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9875897

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Woodburn, Barrington, , ,**Mailing Address 3438 Fenton Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10469-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
HOUSEKEEPING WORKERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9877955

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Woodburn, Barrington, , ,**Mailing Address 3438 Fenton Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10469-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
HOUSEKEEPING WORKERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2025

Transaction ID : 9877957

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2912 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woodburn, Barrington, , ,**Mailing Address 3438 Fenton Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10469-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
HOUSEKEEPING WORKERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9875898

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Woodburn, Barrington, , ,**Mailing Address 3438 Fenton Ave  
Apt 1ACity  
BronxState  
NYZip Code  
10469-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glen Island Care CenterOccupation (for Individual)  
HOUSEKEEPING WORKERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2025

Transaction ID : 9877956

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Worth, Allan, , ,**Mailing Address 1298 Culver Rd  
Apt 8City  
RochesterState  
NYZip Code  
14609-5306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Transport Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873371

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2913 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Worth, Allan, , ,**Mailing Address 1298 Culver Rd  
Apt 8City  
RochesterState  
NYZip Code  
14609-5306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Transport Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9881792

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Worth, Allan, , ,**Mailing Address 1298 Culver Rd  
Apt 8City  
RochesterState  
NYZip Code  
14609-5306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Transport Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9873372

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Worth, Allan, , ,**Mailing Address 1298 Culver Rd  
Apt 8City  
RochesterState  
NYZip Code  
14609-5306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strong Memorial Hosp-Univ of RochesterOccupation (for Individual)  
Transport Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2025

Transaction ID : 9881793

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2914 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Anthony, , ,**Mailing Address 51 Harbor Homes  
Apt 51City  
Port WashingtonState  
NYZip Code  
11050-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9878624

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Anthony, , ,**Mailing Address 51 Harbor Homes  
Apt 51City  
Port WashingtonState  
NYZip Code  
11050-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9878625

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Anthony, , ,**Mailing Address 51 Harbor Homes  
Apt 51City  
Port WashingtonState  
NYZip Code  
11050-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : 9878626

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

51.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2915 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Anthony, , ,**Mailing Address 51 Harbor Homes  
Apt 51City  
Port WashingtonState  
NYZip Code  
11050-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

Transaction ID : 9878627

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Anthony, , ,**Mailing Address 51 Harbor Homes  
Apt 51City  
Port WashingtonState  
NYZip Code  
11050-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9876355

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Anthony, , ,**Mailing Address 51 Harbor Homes  
Apt 51City  
Port WashingtonState  
NYZip Code  
11050-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lenox Hill HospitalOccupation (for Individual)  
Sterile Processing Tech (LH)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9878623

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2916 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9878283

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9878284

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2025

Transaction ID : 9878285

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2917 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Juliet, , ,**

Mailing Address 189 Oak St  
Apt 3B

City  
Yonkers

State  
NY

Zip Code  
10701-4381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2025

**Transaction ID : 9878286**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Juliet, , ,**

Mailing Address 189 Oak St  
Apt 3B

City  
Yonkers

State  
NY

Zip Code  
10701-4381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9873697**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Juliet, , ,**

Mailing Address 189 Oak St  
Apt 3B

City  
Yonkers

State  
NY

Zip Code  
10701-4381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & Nursing

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2025

**Transaction ID : 9878293**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2918 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2025

Transaction ID : 9878287

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9873698

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2025

Transaction ID : 9878294

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2919 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9878288

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9873699

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Juliet, , ,**Mailing Address 189 Oak St  
Apt 3BCity  
YonkersState  
NYZip Code  
10701-4381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Gardens Rehabilitation & NursingOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2025

Transaction ID : 9878295

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2920 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wynn, Leslie, , ,**

Mailing Address 1985 Webster Ave  
Apt 308

City  
Bronx

State  
NY

Zip Code  
10457-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To Families

Occupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 16 / 2025

**Transaction ID : 9877614**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wynn, Leslie, , ,**

Mailing Address 1985 Webster Ave  
Apt 308

City  
Bronx

State  
NY

Zip Code  
10457-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To Families

Occupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 16 / 2025

**Transaction ID : 9877615**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wynn, Leslie, , ,**

Mailing Address 1985 Webster Ave  
Apt 308

City  
Bronx

State  
NY

Zip Code  
10457-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To Families

Occupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 23 / 2025

**Transaction ID : 9877616**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2921 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wynn, Leslie, , ,**Mailing Address 1985 Webster Ave  
Apt 308City  
BronxState  
NYZip Code  
10457-4259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To FamiliesOccupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : 9877617

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wynn, Leslie, , ,**Mailing Address 1985 Webster Ave  
Apt 308City  
BronxState  
NYZip Code  
10457-4259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To FamiliesOccupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : 9877618

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wynn, Leslie, , ,**Mailing Address 1985 Webster Ave  
Apt 308City  
BronxState  
NYZip Code  
10457-4259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To FamiliesOccupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9874163

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2922 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wynn, Leslie, , ,**Mailing Address 1985 Webster Ave  
Apt 308City  
BronxState  
NYZip Code  
10457-4259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham-Windham Services To FamiliesOccupation (for Individual)  
Administrative Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2025

Transaction ID : 9877613

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wynn, Yolanda, , ,**

Mailing Address 2443 26th St S

City  
St PetersburgState  
FLZip Code  
33712-3435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9875177

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wynn, Yolanda, , ,**

Mailing Address 2443 26th St S

City  
St PetersburgState  
FLZip Code  
33712-3435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2025

Transaction ID : 9875178

Amount of Each Receipt this Period

28.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

83.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2923 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wynn, Yolanda, , ,**

Mailing Address 2443 26th St S

City  
St PetersburgState  
FLZip Code  
33712-3435FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2025        |

**Transaction ID : 9875179**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wynn, Yolanda, , ,**

Mailing Address 2443 26th St S

City  
St PetersburgState  
FLZip Code  
33712-3435FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Apollo Health & Rehab CenterOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 24    |   | 2025        |

**Transaction ID : 9875180**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yabrov, Dana, , ,**Mailing Address 5915 Kennedy Blvd E  
Apt F4City  
West New YorkState  
NJZip Code  
07093-3784FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.04

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2025        |

**Transaction ID : 9873387**

Amount of Each Receipt this Period

21.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

77.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2924 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yabrov, Dana, , ,**Mailing Address 5915 Kennedy Blvd E  
Apt F4City  
West New YorkState  
NJZip Code  
07093-3784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2025

Transaction ID : 9881650

Amount of Each Receipt this Period

21.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yabrov, Dana, , ,**Mailing Address 5915 Kennedy Blvd E  
Apt F4City  
West New YorkState  
NJZip Code  
07093-3784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9873388

Amount of Each Receipt this Period

21.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yabrov, Dana, , ,**Mailing Address 5915 Kennedy Blvd E  
Apt F4City  
West New YorkState  
NJZip Code  
07093-3784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2025

Transaction ID : 9881651

Amount of Each Receipt this Period

21.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

65.01

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2925 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yabrov, Dana, , ,**Mailing Address 5915 Kennedy Blvd E  
Apt F4City  
West New YorkState  
NJZip Code  
07093-3784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9873389

Amount of Each Receipt this Period

21.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yabrov, Dana, , ,**Mailing Address 5915 Kennedy Blvd E  
Apt F4City  
West New YorkState  
NJZip Code  
07093-3784FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9881652

Amount of Each Receipt this Period

21.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yaccararo, Nicholas, , ,**

Mailing Address 9 Gerhardy Ct

City  
East IslipState  
NYZip Code  
11730-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Liaison, Customer Svcs (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 9880214

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

63.34

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2926 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yaccaro, Nicholas, , ,**

Mailing Address 9 Gerhardy Ct

City  
East IslipState  
NYZip Code  
11730-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Liaison, Customer Svcs (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : 9880215

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yaccaro, Nicholas, , ,**

Mailing Address 9 Gerhardy Ct

City  
East IslipState  
NYZip Code  
11730-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Liaison, Customer Svcs (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9874626

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yaccaro, Nicholas, , ,**

Mailing Address 9 Gerhardy Ct

City  
East IslipState  
NYZip Code  
11730-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Liaison, Customer Svcs (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2025

Transaction ID : 9880212

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2927 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yaccaro, Nicholas, , ,**

Mailing Address 9 Gerhardy Ct

City  
East IslipState  
NYZip Code  
11730-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Liaison, Customer Svcs (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874627

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yaccaro, Nicholas, , ,**

Mailing Address 9 Gerhardy Ct

City  
East IslipState  
NYZip Code  
11730-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Shore University HospitalOccupation (for Individual)  
Liaison, Customer Svcs (SO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9880213

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ynfante, Raymond, , ,**Mailing Address 1140 Burke Ave  
Apt 7DCity  
BronxState  
NYZip Code  
10469-5022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877976

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2928 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ynfante, Raymond, , ,**

Mailing Address 1140 Burke Ave  
Apt 7D

City  
Bronx

State  
NY

Zip Code  
10469-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2025

**Transaction ID : 9877977**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ynfante, Raymond, , ,**

Mailing Address 1140 Burke Ave  
Apt 7D

City  
Bronx

State  
NY

Zip Code  
10469-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

**Transaction ID : 9877978**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ynfante, Raymond, , ,**

Mailing Address 1140 Burke Ave  
Apt 7D

City  
Bronx

State  
NY

Zip Code  
10469-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

**Transaction ID : 9877979**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2929 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ynfante, Raymond, , ,**Mailing Address 1140 Burke Ave  
Apt 7DCity  
BronxState  
NYZip Code  
10469-5022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876041

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ynfante, Raymond, , ,**Mailing Address 1140 Burke Ave  
Apt 7DCity  
BronxState  
NYZip Code  
10469-5022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Patient Care Associate-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877975

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Mykull, , ,**

Mailing Address 342 Niagara Falls Blvd

City  
BuffaloState  
NYZip Code  
14223-3044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation andOccupation (for Individual)  
ACTIVITIES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2025

Transaction ID : 9873505

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2930 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Mykull, , ,**

Mailing Address 342 Niagara Falls Blvd

City  
BuffaloState  
NYZip Code  
14223-3044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellicott Center for Rehabilitation andOccupation (for Individual)  
ACTIVITIES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9873504

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Patricia, , ,**Mailing Address 27 Lagrange Ave  
Apt 2

City

Poughkeepsie

State  
NYZip Code  
12603-2410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9873322

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Patricia, , ,**Mailing Address 27 Lagrange Ave  
Apt 2

City

Poughkeepsie

State  
NYZip Code  
12603-2410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2025

Transaction ID : 9882949

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2931 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Patricia, , ,**

Mailing Address 27 Lagrange Ave  
Apt 2

City  
Poughkeepsie

State  
NY

Zip Code  
12603-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River Valley

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

11 / 05 / 2025

Transaction ID : 9873323

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Patricia, , ,**

Mailing Address 27 Lagrange Ave  
Apt 2

City  
Poughkeepsie

State  
NY

Zip Code  
12603-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River Valley

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

11 / 05 / 2025

Transaction ID : 9882950

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Patricia, , ,**

Mailing Address 27 Lagrange Ave  
Apt 2

City  
Poughkeepsie

State  
NY

Zip Code  
12603-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River Valley

Occupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.10

Date of Receipt

12 / 03 / 2025

Transaction ID : 9873324

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2932 OF 2967  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Patricia, , ,**Mailing Address 27 Lagrange Ave  
Apt 2City  
PoughkeepsieState  
NYZip Code  
12603-2410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nursing at River ValleyOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9882951

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Wanda, , ,**Mailing Address 1553 Lexington Ave  
Apt 5ACity  
New YorkState  
NYZip Code  
10029-6270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Certified Surgical Technician-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9877218

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Wanda, , ,**Mailing Address 1553 Lexington Ave  
Apt 5ACity  
New YorkState  
NYZip Code  
10029-6270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Certified Surgical Technician-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9877219

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2933 OF 2967

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13                    | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17                    |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Wanda, , ,**Mailing Address 1553 Lexington Ave  
Apt 5ACity  
New YorkState  
NYZip Code  
10029-6270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Certified Surgical Technician-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9877220

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Wanda, , ,**Mailing Address 1553 Lexington Ave  
Apt 5ACity  
New YorkState  
NYZip Code  
10029-6270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Certified Surgical Technician-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9877221

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Wanda, , ,**Mailing Address 1553 Lexington Ave  
Apt 5ACity  
New YorkState  
NYZip Code  
10029-6270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Certified Surgical Technician-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876053

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2934 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Wanda, , ,**Mailing Address 1553 Lexington Ave  
Apt 5ACity  
New YorkState  
NYZip Code  
10029-6270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Certified Surgical Technician-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877217

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Yvonne, , ,**Mailing Address 146 Bristol St  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9873854

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Yvonne, , ,**Mailing Address 146 Bristol St  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025

Transaction ID : 9881301

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2935 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Yvonne, , ,**Mailing Address 146 Bristol St  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9873852

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Yvonne, , ,**Mailing Address 146 Bristol St  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2025

Transaction ID : 9881299

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Yvonne, , ,**Mailing Address 146 Bristol St  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9873853

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2936 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Yvonne, , ,**Mailing Address 146 Bristol St  
Apt 2FCity  
BrooklynState  
NYZip Code  
11212-5640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)  
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2025

Transaction ID : 9881300

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yu, Xiaodong, , ,**

Mailing Address 1819 Avenue R

City  
BrooklynState  
NYZip Code  
11229-3501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : 9879055

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yu, Xiaodong, , ,**

Mailing Address 1819 Avenue R

City  
BrooklynState  
NYZip Code  
11229-3501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2025

Transaction ID : 9879056

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2937 OF 2967

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yu, Xiaodong, , ,**

Mailing Address 1819 Avenue R

City  
BrooklynState  
NYZip Code  
11229-3501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2025

Transaction ID : 9879057

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yu, Xiaodong, , ,**

Mailing Address 1819 Avenue R

City  
BrooklynState  
NYZip Code  
11229-3501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2025

Transaction ID : 9879058

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yu, Xiaodong, , ,**

Mailing Address 1819 Avenue R

City  
BrooklynState  
NYZip Code  
11229-3501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai HospitalOccupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9876071

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2938 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yu, Xiaodong, , ,**

Mailing Address 1819 Avenue R

City  
Brooklyn

State  
NY

Zip Code  
11229-3501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Mount Sinai Hospital

Occupation (for Individual)  
Support Associate B-MSH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**12 / 04 / 2025**

**Transaction ID : 9879054**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zakers, Janice, , ,**

Mailing Address 143 Van Pelt Ave  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10303-2408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Richmond University Medical Center

Occupation (for Individual)  
SURG TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**07 / 09 / 2025**

**Transaction ID : 9877348**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zakers, Janice, , ,**

Mailing Address 143 Van Pelt Ave  
FI 2

City  
Staten Island

State  
NY

Zip Code  
10303-2408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Richmond University Medical Center

Occupation (for Individual)  
SURG TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**08 / 20 / 2025**

**Transaction ID : 9877349**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2939 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zakers, Janice, , ,**Mailing Address 143 Van Pelt Ave  
FI 2City  
Staten IslandState  
NYZip Code  
10303-2408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical CenterOccupation (for Individual)  
SURG TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2025

Transaction ID : 9877350

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zakers, Janice, , ,**Mailing Address 143 Van Pelt Ave  
FI 2City  
Staten IslandState  
NYZip Code  
10303-2408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical CenterOccupation (for Individual)  
SURG TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9874256

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zakers, Janice, , ,**Mailing Address 143 Van Pelt Ave  
FI 2City  
Staten IslandState  
NYZip Code  
10303-2408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Richmond University Medical CenterOccupation (for Individual)  
SURG TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2025

Transaction ID : 9877347

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2940 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zakova, Irina, , ,**Mailing Address 2820 W 8th St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11224-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9875661

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zakova, Irina, , ,**Mailing Address 2820 W 8th St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11224-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : 9878986

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zakova, Irina, , ,**Mailing Address 2820 W 8th St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11224-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9875662

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2941 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zakova, Irina, , ,**Mailing Address 2820 W 8th St  
Apt 6FCity  
BrooklynState  
NYZip Code  
11224-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B.H.R.A.G.S. Home Care-HAOccupation (for Individual)  
Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2025

Transaction ID : 9878987

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zamora, Jaddira, , ,**Mailing Address 3405 Kossuth Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-2426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II P/

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2025

Transaction ID : 9881057

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zamora, Jaddira, , ,**Mailing Address 3405 Kossuth Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-2426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2025

Transaction ID : 9881058

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2942 OF 2967  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

|                                                                                                                                 |             |                                                                |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Zamora, Jaddira, , ,</b>               |             |                                                                | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 10 / 2025<br><b>Transaction ID : 9876199</b> |  |
| Mailing Address 3405 Kossuth Ave<br>Apt 20                                                                                      |             |                                                                |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10467-2426                                         |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>CUSTOMER SERVICES LIAISON II PA | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                             |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Zamora, Jaddira, , ,</b>               |             |                                                                | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 10 / 2025<br><b>Transaction ID : 9881055</b> |  |
| Mailing Address 3405 Kossuth Ave<br>Apt 20                                                                                      |             |                                                                |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10467-2426                                         |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>CUSTOMER SERVICES LIAISON II PA | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>240.00                             |                                                                                                     |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Zamora, Jaddira, , ,</b>               |             |                                                                | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2025<br><b>Transaction ID : 9876200</b> |  |
| Mailing Address 3405 Kossuth Ave<br>Apt 20                                                                                      |             |                                                                |                                                                                                     |  |
| City<br>Bronx                                                                                                                   | State<br>NY | Zip Code<br>10467-2426                                         |                                                                                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                                | Amount of Each Receipt this Period<br>20.00                                                         |  |
| Name of Employer (for Individual)<br>Montefiore Hospital                                                                        |             | Occupation (for Individual)<br>CUSTOMER SERVICES LIAISON II PA | <input type="checkbox"/> Memo Item                                                                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>240.00                             |                                                                                                     |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                                | 60.00                                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                                |                                                                                                     |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2943 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zamora, Jaddira, , ,**Mailing Address 3405 Kossuth Ave  
Apt 20City  
BronxState  
NYZip Code  
10467-2426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore HospitalOccupation (for Individual)  
CUSTOMER SERVICES LIAISON II PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2025

Transaction ID : 9881056

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zarate, Melescent, , ,**Mailing Address 1430 30th Rd  
Apt 2City  
AstoriaState  
NYZip Code  
11102-3640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9881036

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zarate, Melescent, , ,**Mailing Address 1430 30th Rd  
Apt 2City  
AstoriaState  
NYZip Code  
11102-3640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2025

Transaction ID : 9881034

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2944 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zarate, Melescent, , ,**

Mailing Address 1430 30th Rd  
Apt 2

City  
Astoria

State  
NY

Zip Code  
11102-3640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2025

**Transaction ID : 9881037**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zarate, Melescent, , ,**

Mailing Address 1430 30th Rd  
Apt 2

City  
Astoria

State  
NY

Zip Code  
11102-3640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9873914**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zarate, Melescent, , ,**

Mailing Address 1430 30th Rd  
Apt 2

City  
Astoria

State  
NY

Zip Code  
11102-3640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2025

**Transaction ID : 9881033**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2945 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zarate, Melescent, , ,**Mailing Address 1430 30th Rd  
Apt 2City  
AstoriaState  
NYZip Code  
11102-3640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silvercrest Extended Care Facility (RN)Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9881035

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zavala, Antonio, , ,**

Mailing Address 108 Coles Ct

City  
Glen CoveState  
NYZip Code  
11542-2451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9873511

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zavala, Antonio, , ,**

Mailing Address 108 Coles Ct

City  
Glen CoveState  
NYZip Code  
11542-2451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2025

Transaction ID : 9879811

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2946 OF 2967

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zavala, Antonio, , ,**

Mailing Address 108 Coles Ct

City  
Glen CoveState  
NYZip Code  
11542-2451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9873512

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zavala, Antonio, , ,**

Mailing Address 108 Coles Ct

City  
Glen CoveState  
NYZip Code  
11542-2451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2025

Transaction ID : 9879812

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zavala, Antonio, , ,**

Mailing Address 108 Coles Ct

City  
Glen CoveState  
NYZip Code  
11542-2451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerge Nursing and Rehabilitation at GOccupation (for Individual)  
DIET AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : 9873513

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2947 OF 2967

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zedne, Yvose, , ,**Mailing Address 1660 Topping Ave  
Apt 2ACity  
BronxState  
NYZip Code  
10457-7161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
FAMILY SUPPORT WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9877601

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zedne, Yvose, , ,**Mailing Address 1660 Topping Ave  
Apt 2ACity  
BronxState  
NYZip Code  
10457-7161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
FAMILY SUPPORT WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : 9877602

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zedne, Yvose, , ,**Mailing Address 1660 Topping Ave  
Apt 2ACity  
BronxState  
NYZip Code  
10457-7161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
FAMILY SUPPORT WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : 9877603

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2948 OF 2967

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zedne, Yvose, , ,**Mailing Address 1660 Topping Ave  
Apt 2ACity  
BronxState  
NYZip Code  
10457-7161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
FAMILY SUPPORT WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9875773

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zedne, Yvose, , ,**Mailing Address 1660 Topping Ave  
Apt 2ACity  
BronxState  
NYZip Code  
10457-7161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BronxCare Health SystemOccupation (for Individual)  
FAMILY SUPPORT WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2025

Transaction ID : 9877600

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zuleta, Tania, , ,**Mailing Address 5103 Avenue H  
Fl 1City  
BrooklynState  
NYZip Code  
11234-1630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2025

Transaction ID : 9879106

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2949 OF 2967

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zuleta, Tania, , ,**Mailing Address 5103 Avenue H  
FI 1City  
BrooklynState  
NYZip Code  
11234-1630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : 9879107

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zuleta, Tania, , ,**Mailing Address 5103 Avenue H  
FI 1City  
BrooklynState  
NYZip Code  
11234-1630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9874473

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zuleta, Tania, , ,**Mailing Address 5103 Avenue H  
FI 1City  
BrooklynState  
NYZip Code  
11234-1630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flushing Hospital Medical CenterOccupation (for Individual)  
Registrar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2025

Transaction ID : 9879105

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2950 OF 2967

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zyskowski, Michael, , ,**

Mailing Address 112 Glenville St

City  
SchenectadyState  
NYZip Code  
12306-1515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025

Transaction ID : 9880359

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zyskowski, Michael, , ,**

Mailing Address 112 Glenville St

City  
SchenectadyState  
NYZip Code  
12306-1515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2025

Transaction ID : 9880360

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zyskowski, Michael, , ,**

Mailing Address 112 Glenville St

City  
SchenectadyState  
NYZip Code  
12306-1515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIUOccupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : 9880361

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2951 OF 2967

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zyskowski, Michael, , ,**

Mailing Address 112 Glenville St

City  
Schenectady

State  
NY

Zip Code  
12306-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2025

**Transaction ID : 9880362**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zyskowski, Michael, , ,**

Mailing Address 112 Glenville St

City  
Schenectady

State  
NY

Zip Code  
12306-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9876793**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zyskowski, Michael, , ,**

Mailing Address 112 Glenville St

City  
Schenectady

State  
NY

Zip Code  
12306-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1199 SEIU

Occupation (for Individual)  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : 9880358**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

176291.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2952 OF 2967

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TD Bank**

Mailing Address 469 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21105.19

Date of Receipt

07 / 15 / 2025

**Transaction ID : 9870840**

Amount of Each Receipt this Period

2491.38

☐ Memo Item

Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TD Bank**

Mailing Address 469 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21105.19

Date of Receipt

08 / 15 / 2025

**Transaction ID : 9870841**

Amount of Each Receipt this Period

3490.63

☐ Memo Item

Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. TD Bank**

Mailing Address 469 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

21105.19

Date of Receipt

09 / 15 / 2025

**Transaction ID : 9870847**

Amount of Each Receipt this Period

4302.38

☐ Memo Item

Interest

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10284.39



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2953 OF 2967

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TD Bank**

Mailing Address 469 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21105.19

Date of Receipt

10 / 15 / 2025

**Transaction ID : 9870848**

Amount of Each Receipt this Period

2976.35

☐ Memo Item

Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TD Bank**

Mailing Address 469 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21105.19

Date of Receipt

11 / 17 / 2025

**Transaction ID : 9870850**

Amount of Each Receipt this Period

4427.18

☐ Memo Item

Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. TD Bank**

Mailing Address 469 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

21105.19

Date of Receipt

12 / 15 / 2025

**Transaction ID : 9870851**

Amount of Each Receipt this Period

3417.27

☐ Memo Item

Interest

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10820.80

21105.19

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2954 OF 2967

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

**A. Image Pointe**

Mailing Address PO Box 657

City  
WaterlooState  
IAZip Code  
50704-0657

Purpose of Disbursement

Fundraising Expense

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500219313

Amount of Each Disbursement this Period

272.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Image Pointe**

Mailing Address PO Box 657

City  
WaterlooState  
IAZip Code  
50704-0657

Purpose of Disbursement

Fundraising Expense

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500219314

Amount of Each Disbursement this Period

24652.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Williams, Charles, L., ,**Mailing Address 3050 BISSEL Ave  
LowrCity  
BuffaloState  
NYZip Code  
14211

Purpose of Disbursement

Fundraising Stipend

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500219267

Amount of Each Disbursement this Period

1032.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

25956.71

TOTAL This Period (last page this line number only).....▶

25956.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2955 OF 2967

|                              |                                        |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU Mass Pac**Mailing Address 498 7th Ave  
FI 24City  
New YorkState  
NYZip Code  
10018-6725

Purpose of Disbursement

Transfer to Affiliated PAC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219309**

Amount of Each Disbursement this Period

62.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU Mass Pac**Mailing Address 498 7th Ave  
FI 24City  
New YorkState  
NYZip Code  
10018-6725

Purpose of Disbursement

Transfer to Affiliated PAC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219310**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Every Action Inc**Mailing Address 655 15th St NW  
Ste 650City  
WashingtonState  
DCZip Code  
20005-5738

Purpose of Disbursement

In-kind transfer to affiliated SEIU COPE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219311**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1142.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2956 OF 2967

|                              |                                        |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

**A. SEIU COPE FUND**

Mailing Address 1800 Massachusetts Ave NW

City  
WashingtonState  
DCZip Code  
20036-1806

Purpose of Disbursement

Transfer to Affiliated PAC

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 0 |   |   | 2 | 0 | 5 |   |   |

FEC Identification Number

C C00004036

Transaction ID : 500219317

Amount of Each Disbursement this Period

1304688.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIU COPE FUND**

Mailing Address 1800 Massachusetts Ave NW

City  
WashingtonState  
DCZip Code  
20036-1806

Purpose of Disbursement

Transfer to Affiliated PAC

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   |   | 1 | 9 |   |   | 2 | 0 | 5 |   |   |

FEC Identification Number

C C00004036

Transaction ID : 500219318

Amount of Each Disbursement this Period

1812870.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3117559.55

TOTAL This Period (last page this line number only).....▶

3118702.07

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2957 OF 2967

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. Calvert, Emma, , ,**

Mailing Address 3600 Harlem Ave  
Null

City  
Baltimore

State  
MD

Zip Code  
21229-2052

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2025

FEC Identification Number

**C**

**Transaction ID : 500219274**

Amount of Each Disbursement this Period

226.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniels, Tysheen, , ,**

Mailing Address 11 Fairbanks Ave  
Apt 6

City  
Buffalo

State  
NY

Zip Code  
14223-3148

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2025

FEC Identification Number

**C**

**Transaction ID : 500219302**

Amount of Each Disbursement this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ibezimako, Jacinta, , ,**

Mailing Address 5904 Howard Pl

City  
Baltimore

State  
MD

Zip Code  
21207-3970

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2025

FEC Identification Number

**C**

**Transaction ID : 500219276**

Amount of Each Disbursement this Period

430.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

786.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2958 OF 2967

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b            | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. Johnson, Donna, , ,**

Mailing Address 244 N Mount St

City  
BaltimoreState  
MDZip Code  
21223-1718

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219272**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Morning, Traniah, , ,**

Mailing Address 20 Greenapple Ct

City  
BaltimoreState  
MDZip Code  
21207-4488

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219300**

Amount of Each Disbursement this Period

220.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. O'Neal, Cynthia, , ,**

Mailing Address 208 S Gilmore St

City  
BaltimoreState  
MDZip Code  
21223-3102

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219269**

Amount of Each Disbursement this Period

215.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2959 OF 2967

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b            | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. Quince Johnson, Shirley, , ,**

Mailing Address 2031 W Saratoga St

City  
BaltimoreState  
MDZip Code  
21223-1505

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

FEC Identification Number

**C****Transaction ID : 500219297**

Amount of Each Disbursement this Period

340.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ranson, Tachae, , ,**

Mailing Address 3931 Stokes Dr

City  
BaltimoreState  
MDZip Code  
21229-1977

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

FEC Identification Number

**C****Transaction ID : 500219299**

Amount of Each Disbursement this Period

370.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Taylor, Kizzy-Ann, , ,**

Mailing Address 498 SEVENTH Ave

City  
New YorkState  
NYZip Code  
10018

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

FEC Identification Number

**C****Transaction ID : 500219282**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

960.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2960 OF 2967

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b            | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. Townes, Brenda, , ,**

Mailing Address 5117 Liberty Heights Ave

City  
BaltimoreState  
MDZip Code  
21207-7056

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

FEC Identification Number

**C****Transaction ID : 500219264**

Amount of Each Disbursement this Period

430.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tuck, Linda, , ,**

Mailing Address 23 S Ellamont St

City  
BaltimoreState  
MDZip Code  
21229-3720

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

FEC Identification Number

**C****Transaction ID : 500219283**

Amount of Each Disbursement this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Washington, Roxanne, , ,**

Mailing Address 6626 Sanzo Rd

City  
BaltimoreState  
MDZip Code  
21209-2410

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2025        |

FEC Identification Number

**C****Transaction ID : 500219294**

Amount of Each Disbursement this Period

214.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

854.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2961 OF 2967

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b            | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. Wilkerson, Yvette, , ,**

Mailing Address 1526 Barrett Rd

City  
BaltimoreState  
MDZip Code  
21207-4969

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219303**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

3465.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2962 OF 2967

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. 1199 National Benefit Fund**

Mailing Address 498 7th Ave

City  
New YorkState  
NYZip Code  
10018

Purpose of Disbursement

Transfer of misdirected benefit fund premiums

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219304**

Amount of Each Disbursement this Period

2823.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New YorkState  
NYZip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219653**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New YorkState  
NYZip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219652**

Amount of Each Disbursement this Period

620.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3458.78

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2963 OF 2967

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New YorkState  
NYZip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | / | 0 | 5 | / | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219649**

Amount of Each Disbursement this Period

9755.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New YorkState  
NYZip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | / | 2 | 2 | / | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219641**

Amount of Each Disbursement this Period

3065.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LifeBridge Health**

Mailing Address 10090 Red Run Blvd

City  
Owings MillsState  
MDZip Code  
21117-4827

Purpose of Disbursement

Refund of excess remittance of payroll-deducted contributions

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | / | 3 | 1 | / | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : 500219315**

Amount of Each Disbursement this Period

265.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

13085.20

**TOTAL** This Period (last page this line number only)..... ►

16543.98

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2964 OF 2967

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Express**

Nature of Debt (Purpose):

Catering expenses

Mailing Address PO Box 2855

City

New York

State

NY

Zip Code

10008-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID : 1250000799

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Avis Rent-A-Car System Inc.**

Nature of Debt (Purpose):

Rental vehicle expense

Mailing Address 7876 COLLECTION CENTER Dr

City

Chicago

State

IL

Zip Code

60693-0001

Outstanding Balance Beginning This Period

1156.12

Transaction ID : 1250000800

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Enterprise Rent-A-Car**

Nature of Debt (Purpose):

Rental vehicle expense

Mailing Address PO Box 840173

City

Kansas City

State

MO

Zip Code

64184-0173

Outstanding Balance Beginning This Period

13004.18

Transaction ID : 1250000801

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.18

1) **SUBTOTALS** This Period This Page (optional)..... ►

14400.30

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2965 OF 2967

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mack Crounse Group**

Nature of Debt (Purpose):

Mailings

Mailing Address 2001 N Beauregard St  
Ste 420City  
AlexandriaState  
VAZip Code  
22311-1750

Outstanding Balance Beginning This Period

3212.68

Transaction ID : 1250000802

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3212.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Novak Media Inc.**

Nature of Debt (Purpose):

Radio buy &amp; production

Mailing Address 159 W Main St

City  
WebsterState  
NYZip Code  
14580-2960

Outstanding Balance Beginning This Period

18850.00

Transaction ID : 1250000803

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SEIU Communications Center LLC**

Nature of Debt (Purpose):

Robo calls/phone bank calls

Mailing Address 330 W 42nd St

City  
New YorkState  
NYZip Code  
10036-6902

Outstanding Balance Beginning This Period

26529.31

Transaction ID : 1250000804

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

26529.31

1) **SUBTOTALS** This Period This Page (optional)..... ►

48591.99

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2966 OF 2967

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Standard Modern Company

Nature of Debt (Purpose):

Doorhangers

Mailing Address 47 Pleasant St

City  
BrocktonState  
MAZip Code  
02301-3998

Outstanding Balance Beginning This Period

598.89

Transaction ID : 1250000805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

598.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LP

Nature of Debt (Purpose):

Gas cards

Mailing Address 185 N Franklin St

City  
ChicagoState  
ILZip Code  
60606-1929

Outstanding Balance Beginning This Period

3126.47

Transaction ID : 1250000806

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3126.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Union Travel Mastercard

Nature of Debt (Purpose):

Catering expenses

Mailing Address PO Box 88000

City  
BaltimoreState  
MDZip Code  
21288

Outstanding Balance Beginning This Period

17929.20

Transaction ID : 1250000807

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17929.20

1) SUBTOTALS This Period This Page (optional)..... ►

21654.56

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2967 OF 2967

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bauer, Jenny, , ,

Nature of Debt (Purpose):

Reimbursement for catering expenses

Mailing Address 2 Wolcott Park

City  
MedfordState  
MAZip Code  
02155-3720

Outstanding Balance Beginning This Period

43.65

Transaction ID : 1250000810

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Carino, Lillie, , ,

Nature of Debt (Purpose):

Reimbursement for travel expenses

Mailing Address 327 Saint Nicholas Ave

City  
New YorkState  
NYZip Code  
10027-3608

Outstanding Balance Beginning This Period

45.00

Transaction ID : 1250000811

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pechtel, Antonella, , ,

Nature of Debt (Purpose):

Reimbursement for catering expenses

Mailing Address 401 Rose Ave

City  
SchenectadyState  
NYZip Code  
12308

Outstanding Balance Beginning This Period

201.39

Transaction ID : 1250000812

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

1) SUBTOTALS This Period This Page (optional)..... ►

290.04

2) TOTALS This Period (last page this line number only)..... ►

84936.89

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

84936.89